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LOCAL GOVERNMENT

by

SIR A. S. MacNALTY
K.C.B.

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PREFATORY NOTE

THE Local Government of this country is a complex structure, and in writing this book I have attempted to give a concise account of its principal features and of its history, development and changing character. Widespread reforms are imminent at the present time in local government, and in Part IV of this book I have described the various proposals to this end which have been adumbrated in Government White Papers.

The book is neither a text book nor a legal treatise. It is a general account of local government, and has been written in the hope that it may be helpful to men and women who are interested in the subject and who may be inclined, either as members or officials of local authorities, to devote their gifts to this important branch of national work for the common weal.

An experience—which now extends over thirty years—in the service of the Local Government Board, of the Ministry of Health and of the Ministry of Education, has made me familiar with the general aspects of local government, especially as regards the public health activities of local authorities. Dr. D. Hay Scott, Medical Publishing Editor and Messrs. Butterworth and Company (Publishers) Limited, have kindly allowed me to incorporate portions of the text of my contributions to the *British Encyclopaedia of Medical Practice* in the Public Health Section. For the chapter on Mental Treatment and Mental Hospitals, the late Sir Hubert Bond and

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I am indebted to the Secretary of the Ministry of Health for permission to quote from a number of official reports and memoranda, and to the Controller of H.M. Stationery Office for permission (*a*) to quote from the *National Health Service Bill. Summary of the proposed New Service.* (Cmd. 6761), H.M.S.O., 1946; and (*b*) to use some of the material in *Local Government in England and Wales during the Period of Reconstruction* (Cmd. 6579), 1945.

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Several colleagues and friends have read the whole or portions of the MS. and have helped me with information and advice out of their great experience from an unofficial standpoint. Here I would especially mention Sir Maurice Holmes, late Secretary of the Ministry of Education, Sir Arthur Rucker and Mr. I. F. Armer of the Ministry of Health, Mr. Charles H. Wilson, Fellow of Corpus Christi College, Oxford, and Dr. J. W. Dudley Robinson, Secretary of the Royal Sanitary Institute, Mr. Arnold

Avison, late Treasurer of the Borough of Epsom and Ewell made several useful suggestions, and Mr. H. A. Loe, the present Treasurer, has kindly read and criticised the chapters dealing with the finance of local authorities. In the chapter on Town Planning and Roads, Sir Alker Tripp has permitted me to quote from his book *Town Planning and Road Traffic*, published by Messrs. Edward Arnold and Company.

The Editor of *The Times* has allowed me to quote in Part IV, Chapter III, extracts from a series of articles on the future of Local Government, which appeared in *The Times* in October, 1944.

ARTHUR S. MACNALTY

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PART I. DEVELOPMENT AND ORGANIZATION OF LOCAL GOVERNMENT

CHAPTER I

HISTORY OF LOCAL GOVERNMENT

LOCAL Government in modern outlook implies the existence of central government by the State, from which it is distinct, and to which it is subordinate. Historically, however, local government is the original form of government in this country, and for centuries until the break-up of the feudal system it was the only effective government that existed.

Anglo-Saxon Local Government

It is probable that the Angles, Saxons, and Jutes, in their native Teutonic land, began as village communities each under their own alderman or military leader. For the conquest of Britain the various tribes united under a common leader who soon rose into the position of a monarch. Thus, the sons of Hengist became kings in Kent; those of Ella in Sussex; the West-Saxons chose Cerdic as their king.

The early English states were administered under the king by the military chiefs or aldermen. Each of these was responsible for the government of one of the regions of the kingdom. The king also appointed reeves, who took care of the royal property and dues in their own districts. The larger kingdoms

were soon carved out into shires, each with its alderman and shire-reeve (sheriff).

The supreme council of the realm, the Witangemot or 'council of the wise-men', may be regarded as the forerunner of the Privy Council. It was formed by the king, the aldermen and certain sworn companions of the king, known as *gesiths*. Its assemblies (folk-moots) were public and the people could attend and signify their assent or dissent to its deliberations. The Kingship was elective, though the Witan in their nominations never nominated candidates outside the limits of the royal house. The main problems of local government were discussed at the *shire-moot*, which roughly corresponded to a county council. It was held once a month when the alderman and reeve of a district summoned together the freemen of a shire and by their aid settled disputes. Each freeman had a vote and could speak his mind. Smaller local matters were settled by the freemen's village moots. These moots corresponded to the modern district and parish councils.

There was also in each community the *Frankpledge System*, which was, under the Anglo-Saxon Constitution, an association of ten men who were to be standing securities for the peace. At first the Anglo-Saxon settlements were entirely rural and agricultural, for the towns built by the Romans were shunned and allowed to fall into decay. As the population increased and crafts developed, towns grew as compact centres. The inhabitants were mainly occupied in industrial pursuits, though some were occupied in cattle-rearing and agriculture. The local administration of these towns was done by a tun-moot, which for large towns was the precursor

of the town or borough council; in the case of the smaller towns that of the urban district council. The neighbouring townships combined together to form the body known as the 'Hundred'. Like the other civil institutions, this was in origin a military organization, the hundred warriors who occupied land became perhaps the local hundred; afterwards there was no uniformity in the number of settlers or the area of their settlement. The constitution of the Hundred was determined by the principle of representation. Each township in the general muster of the Hundred, the Hundred-moot, was represented by its town-reeve and by four to ten townsmen. The Hundred-moot thus became a court of appeal from the tun-moots as well as of arbitration in dispute between township and township. 'The judgment of graver crimes and of life or death fell to its share; while it necessarily possessed the same right of law-making for the hundred that the village-moot possessed for each separate village.'

The Anglo-Saxon system of local government was thus free and democratic and it is interesting to note that its organization corresponds closely to that of modern local government. It was so good that it could hardly be improved upon. There is one main difference. Local administration no longer possesses executive judicial functions. It has to appeal to the judicature if its legal enactments are not obeyed. In Anglo-Saxon times the process was simplified.

The Norman Conquest

William the Conqueror abolished the folk moots. The townships became the 'vill' or village. The

shire-moot was displaced by the Manor Court where the steward ruled as the representative of the Lord of the Manor. The decisions of the court were executed by bailiffs. In some manors we find the major bailiff or 'major', from which is derived the name of 'mayor'.

Medieval Period

In the Middle Ages, England was mainly agricultural, and industrial towns being few, the population was widely scattered. For purposes of local government the country was divided into counties. In each county still ruled the sheriff, appointed by the Crown. He was not an absolute provincial viceroy, but presided over the county court composed of all the freemen of the shire. Its functions were partly judicial, but it was mainly the local authority for the county. Then came the hundreds each governed by the hundred court composed of the freemen of the area and presided over by the bailiff as deputy for the sheriff; lastly there was the vill or township, characterized by the frankpledge system. The smaller areas of hundred and vill were controlled by 'the sheriff's tourn', when twice annually the sheriff attended the hundred court at which the vills were represented. The frankpledge system continued as a primitive form of police. All men were required to form themselves into tithings or groups of ten, under a tithingman or head borough, the members of each group being mutually responsible for each others' breaches of the law. After 1285 petty constables were appointed for vills, these new officers frequently superseding the older tithingmen and assuming their functions.

There were two other institutions assisting in the process of local government, the manorial court and the ecclesiastical parish. The manor ruled by a feudal lord often acquired royal rights from the Crown and administered local government independently of the sheriff. The boroughs at first were vills with an increasing population engaged in industry and commerce. They often began as small towns at the foot of a castle where the feudal lord ruled. Many were independent of the county organization and became independent also of the feudal hierarchy, though this exemption of control from sheriff and lord of the manor was by no means uniform. The boroughs secured independence, trading privileges and autonomous powers of administration partly by concessions from feudal lords, but principally by royal charters. Thus in the later Middle Ages a royal charter became the hall-mark of a borough. Central control was exercised in two ways (*a*) by the general law of the land enacted by Parliament and administered in the royal courts; (*b*) by the administrative inspection of local bodies and officers by the justices in eyre up to the reign of Edward III.

By the end of the Middle Ages, the sheriff's authority was on the wane. From 1194 coroners had been elected by the county court in order to curb his authority. The increased powers of the royal courts of justice diminished the importance of the local judicature and administration. In the fourteenth century the sheriff became an annual officer, and this further curtailed his pre-eminence. Much of the sheriff's authority fell into the hands of the Justices of the Peace who presided over quarter sessions and petty sessions. Justices of the peace

were appointed by the Crown for a particular county and were controlled by the Privy Council. Some boroughs obtained the right to elect their own magistrates. Similarly, with the decay of the feudal system the manorial court became obsolete and its powers were absorbed by the justices of the peace. Here, too, must be noted the rise of the parish as an organ of local government. Originally, it was very much part of the manor. As the manor decayed, a parochial organization appeared. The parishioners met for Church purposes in the vestry. The vestry formed a little centre of local government. It had powers to levy Church rates, and the churchwardens were its executive officers.

The Tudor System

The Tudor statesmen reorganized local government on the basis of the parish with the justices of the peace in control as representatives of the Crown. After the dissolution of the monasteries, the relief of destitution had to be assigned to the parishes (Poor Relief Act of 1601) while for the promotion of commerce they were made responsible for road maintenance (Statute of Highways, 1555). The parish became the unit of local government and levied rates for these new services. The executive duties were performed by the constable and the churchwardens or by newly appointed officers such as the overseers of the poor and the surveyor of highways. The appointments were compulsory, but the officers were unpaid. The administrative work of the vestries and the duties of their officers were authorized and controlled by the justices, who also acted as a court of appeal for the parishes in their

area, either separately or in quarter sessions. Furthermore, quarter sessions dealt with problems affecting the whole of a county area. It thus became the local authority for the whole county and entirely replaced the sheriff and his county court.

Although this new organization had a colour of democratic local government, in reality the powers of the parish vestries were extremely limited, the main control being in the hands of the justices. Inasmuch as the justices were appointed by the Crown, could be dismissed at the royal pleasure, and were directed by the Privy Council and its judicial committee, the Star Chamber, they were in fact the instruments of central authority which had the control of local government in its hands more effectually than at any other period of English history.

The Civil War and the Stuart Period

This strong central control by the Privy Council was in abeyance during the Civil War and when resumed was greatly weakened by the abolition of the Star Chamber in 1642. James II unwittingly fostered the revival of local government by his ill-judged attempt to impose a system of drastic central control on the boroughs through the granting of new royal charters. After the Revolution of 1688 it became a fixed principle that the central government should interfere as little as possible with local government.

The Eighteenth Century

In the eighteenth century, local government had become largely autonomous, therefore. The justices ruled absolutely in their districts, for the Court of King's Bench exercised only a nominal control over

them. Quarter Sessions was still chiefly a judicial body, but the administrative duties were augmented through the increase of urban populations, the spread of commerce and industry and transport, with its consequent demands for drainage, paving, lighting, roads and bridges. Judicial procedure for dealing with these matters became cumbersome, and it grew to be customary for Quarter Sessions to deal first with the judicial work and then for the justices to meet in private assembly to confer on the 'county business'. They were aided in their deliberations by the clerk of the peace, the county treasurer, the county surveyor, and an increasing number of other officers.

This century also saw the creation of '*ad hoc*' authorities for certain special services in areas which did not necessarily coincide with the existing local government areas. This departure was not altogether new, because for some centuries the needs of land drainage and riparian questions had called for the appointment of commissioners of sewers. Parliament by local Acts established various bodies of commissioners or trustees, who were partly elected by the ratepayers with official representatives from the justices and municipal corporations. They dealt with such matters as paving, street cleansing, turnpikes and roads, protection of the public, etc., and had powers to levy rates. They were useful for the new centres of population which were arising and which then had no municipal organization or borough status.

The Poor Law Commissioners

The early nineteenth century was a period of reform, and the Reform Act of 1832 was followed by

sweeping reforms in local government. In doing this the Whig government were influenced by the philosophical plans of Jeremy Bentham, who favoured the sweeping away of historical tradition and the planning of local government areas solely on a basis of practical utility; he advocated the popular election of local authorities but, at the same time, their activities were to be rigorously controlled, directed, and inspected by central departments. The need for poor law and sanitary reform was further accentuated by Edwin Chadwick's famous report.

After a Royal Commission had reported, the Poor Law Amendment Act of 1834 was passed. Areas of local administration for relieving destitution were formed comprising unions of parishes, sometimes irrespective of county boundaries, administered by elected boards of guardians and controlled meticulously and almost autocratically by the Poor Law Commissioners. There followed the Municipal Corporations Act of 1835, which provided for a uniformly elected town council in the boroughs to which it applied and abolished the election of justices by municipal corporations, thus separating the administration of justice from local government in the towns. Many fresh problems arose in local government and they were met by forming a number of *ad hoc* authorities. Thus there were highway boards, local boards of health, burial boards, school boards, etc., new authorities striving with the old and confused as to their authority, limits, and powers. The picture of local government was 'a chaos of areas, a chaos of franchises, and a chaos of rates'.[1]

[1] Rathbone and Pell, *Local Administration.*

Modern Local Government

The growing importance of public health proved the most effective stimulus for putting an end to this chaotic local administration. Central control of public health on similar lines to the Poor Law was advocated but ruled out. By the Public Health Acts of 1872 and 1875 the county was divided into urban sanitary districts and rural sanitary districts whose main functions were concerned with environmental hygiene and the provision of isolation hospitals for infectious diseases. In 1888 Mr. Ritchie's Act established county councils and county borough councils. The Local Government Act of 1894 made the sanitary authorities of the Public Health Acts general local authorities for county districts, with the names of urban and rural district councils. Parish meetings and parish councils were also established by this Act. This progressive legislation culminated in the great Local Government Act of 1929 which, in addition to extending the powers of the chief local authorities, the county councils and the county borough councils, abolished the poor law guardians and transferred their duties to these authorities.

It will be noted that this simplification of local government is in fact a reversion to the first constitution of local government in Anglo-Saxon times. To employ a somewhat hackneyed metaphor, 'the wheel has come full circle'. The shire-moot reappears as the county council and county borough council, the larger tun-moots are represented by the borough and urban district councils and the smaller tun moots by the rural district councils and parish

councils. After well over a thousand years of experiments in rule by sheriffs, lords of the manor, and justices of the peace, England has come back to the original democratic form of local government.

The modern trend towards centralization may alter this concept to some extent (see Part IV. The Future of Local Government).

CHAPTER II

LOCAL AUTHORITIES AND THEIR CONSTITUTION

THE study of the history and development of local government in England has shown that it forms a hierarchy of three distinctive orders. At the head stand the Administrative Counties, including London and the County Boroughs; next come the non-County or Municipal Boroughs, the Urban Districts and the Rural Districts; and lastly the original units of local government, the Parishes.

For the purposes of local government, England and Wales are divided in the first place into administrative counties and county boroughs. The latter are self-contained and exercise all the powers of local government within their own boundaries. Administrative counties are governed by a county council, but they are divided into county districts, urban and rural, which are administered by separate local authorities. The urban districts are the towns. The larger towns are boroughs (non-county boroughs) and are governed by a borough council, the smaller towns are administered by an urban district council. The rural county districts consist of groups of villages and are administered by rural district councils. Rural county districts are sub-divided into parishes which participate through parish meetings and parish councils in local government. Formerly, urban districts were divided into parishes and ruled by local vestries, but the urban vestry was finally

abolished for local government purposes by the Local Government Act of 1933.

In addition to these main county authorities, there are a number of Joint Boards of various kinds, formed by delegates from the main authorities but exercising different powers, and there are a few special bodies composed partly of such delegates and partly of outside members for certain particular activities.

It will, therefore, be clear that the organization of local government in a county is more complex, involving division of powers between several authorities, than in the unitary organization in a county borough.

The County

England and Wales, as has been related, for centuries has been divided into shires or counties. The old English counties are forty in number, twenty maritime and twenty inland, and the Welsh counties number twelve. The administrative counties for local government number sixty-two. Fifty-two of these administrative counties are identical with the old geographical counties. The additional ten were formed by dividing up seven of the old counties into parts and by forming a new Administrative County out of portions taken from three other counties. The large county of Yorkshire is divided into the North, West, and East Ridings. Lincolnshire is split up into three divisions, the Parts of Lindsey, Kesteven, and Holland. Suffolk is divided into East and West Suffolk, and Sussex similarly into East and West Sussex. The Isle of Wight is a separate Administrative County from Hampshire (officially

designated the county of Southampton). The Isle of Ely in the eastern Fens (now an inland area) is another such county. The smallest administrative county in England is the Soke of Peterborough—formerly the area of the 'soke' or jurisdiction of the Abbey of Peterborough. This has been cut off from the county of Northampton. Finally, the administrative county of London, the one great metropolitan county, was formed out of portions of Middlesex, Surrey, and Kent.

Administrative counties vary greatly in size. Rutland has a population of some 18,000, while Lancashire has about a million and three-quarters, and the county of London over four millions.

The governing of an administrative county is vested in the county council. This is composed of a chairman, county aldermen, and county councillors. The number of aldermen amounts to one-third of the number of councillors. They are elected by the councillors from among the councillors or persons elegible for election as councillors for a six-year period, one half of the number retiring every third year. The councillors are directly elected by the local governing electors for periods of three years and retire simultaneously. This arrangement, by which aldermen are elected for six years and councillors for three years, helps to maintain the continuity of county government. The chairman is elected annually by the whole council. He must be a councillor or alderman or eligible for election as a councillor. During his year of office he is *ex officio* a justice of the peace for the county, and may receive some remuneration.

The work of the county council is mainly

transacted through committees, the law only requiring meetings of the council to be held four times a year.

Functions of County Councils

When county councils were set up in 1888, they had limited powers and few duties, for the bulk of the county work was done by the urban and rural sanitary councils, and the Boards of Guardians. The trend of modern legislation has been to promote the administration of local government services through the larger authorities and, therefore, to increase the powers of county councils. In respect of a number of services, they are the sole local authority for the whole of the county area. The poor law (public assistance), certain agricultural and special health services, and education, are examples of this. The county councils are the highway authorities, except for certain matters which concern the Ministry of Transport and in the case of boroughs and urban districts. In other directions the county council acts as a supervising authority. For instance, they have certain supervisory duties as regards the public health activities of the district councils and the conduct of the isolation hospitals of Joint Hospital Boards. Some county councils undertake services which in other counties are done by the district councils. It is a matter of arrangement between the county council and the borough or district council as to which authority shall be responsible for the provision of such services, for example, river pollution and a public health service like maternity and child welfare.

The County Police

The police authority in a county is not the county council itself, but a Standing Joint Committee whose members are appointed in equal numbers by the county council and the justices in quarter sessions.

The Borough

The borough of a county is called by the paradoxical name of 'a non-county borough' to distinguish it from the county borough, although it is situated within a county, whereas the county borough for administrative purposes is outside the county in which it is situated geographically. A non-county borough council is in essentials little more than a glorified urban district council. Many of the English boroughs date from medieval and even from Anglo-Saxon times; and in the historical sketch of the development of local government it has been noted that in order to secure certain powers of self-government the vill or town endeavoured to obtain a charter from its feudal lord, or more often from the King, which elevated it to the dignity of a borough. Although, then, the powers of a borough council differ in small degree from those of an urban district council, the next authority to be described, a borough has certain glittering privileges which appeal to its inhabitants. It has a mayor, aldermen, and councillors who usually wear robes, a mace-bearer and its own coat of arms. It is often a town with long historical traditions of civic government. Consequently, new growing centres of urban population covet the title of borough. The petition

for a charter is made by the urban district council to the King, and it is referred to a committee of the Privy Council. The petitioning council must notify the Minister of Health and the county council. After due inquiry by the Minister of Health, the petition is considered by the committee of the Privy Council. Should they decide that the urban district council has made out its claim, they advise the King to grant a royal charter, and the urban district attains borough status. Another stimulus in the case of a rapidly growing industrial town is that the securing of borough status may be a stepping-stone to county borough dignity. This dignity also appeals to the officials of a borough. Town clerks, borough treasurers, borough surveyors, and even borough medical officers, for instance, have greater prospects of promotion and of transferring their services to larger authorities than if they had remained officials of an urban district council. Apart from this reflected glory, the relationship of a borough council to the county council and its powers are pretty much the same as those of an urban district council. For instance, a non-county borough, like an urban district council, must bear, through its contributions in rates, part of the cost of all roads in the county except the unclassified roads (or back streets) in non-county boroughs and urban districts. This may be a heavy item of cost outweighing the services received from the county fund. It is believed, on the other hand, that the assumption of borough status impresses the ratepayers and leads them to take more interest in civic government.

Urban and Rural Districts

County districts, with the exception of non-county boroughs, which have already been described, are termed either urban or rural. Both have a similar form of constitution, the urban authority being the urban district council, the rural authority, the rural district council. Each council consists of a chairman and councillors. The councillors are elected for three years and, usually, one-third of the number retire annually. On the initiation of a district council the county council may make an order providing that all the councillors retire at the end of three years in order that an entirely new district council may be elected. The chairman of a district council must be a councillor or eligible for election as one. He is elected annually and is *ex officio* a justice of the peace. District councils usually meet monthly, and by law must meet at least four times a year.

Functions of District Councils

Here some distinction has to be made between the powers of urban district councils and rural district councils. It has already been observed that the powers of a non-county borough council are practically identical with those of an urban district council, and it has been mentioned that both urban and rural district councils were planned in their origin as sanitary districts with environmental hygiene as their chief concern. This concern is still characteristic of urban and rural districts to-day, but inasmuch as there are greater aggregations of population in non-county boroughs and urban districts, these have to deal with more pressing and wider public health

problems than rural districts. Consequently, the latter's powers are more limited than those of the former authorities. Every district council must appoint a medical officer of health and a sanitary inspector. Formerly, the majority of district medical officers of health were part-time officials and usually local medical practitioners, but by the Local Government Act of 1933 it is ordered that all fresh appointments shall be whole-time. Some districts are too small, individually, to employ a whole-time medical officer. This difficulty can be overcome in two ways. Neighbouring district councils, after consultation with the county council, may combine to appoint a whole-time medical officer of health, or, alternatively, the county council may employ the medical officer of health of one or more of its districts in its own public health work, for example, as tuberculosis officer. By either plan the medical officer secures an adequate salary as a whole-time public health official. Every district council must appoint a clerk and a treasurer and can appoint other officers. An urban district council must also appoint a surveyor.

District councils were general highway authorities until the Local Government Act of 1929 transferred most of their responsibilities in this respect to county councils. District councils make and levy rates and are concerned with the valuation of property. County councils are empowered to employ district councils in their area as their agents for many forms of county business and administration. The extent to which county councils delegate their powers to district councils varies considerably in different administrative counties.

The Parish

England and Wales are divided into civil parishes, defined as places for which, before the 1st of April 1927, a separate poor rate was, or could be, made, or a separate overseer was, or could be, appointed. (Rating and Valuation Act, 1925.) The old poor law parishes were made local government areas by Tudor legislation and, particularly, by the Poor Relief Act of 1601. Originally these parishes were the same as the ecclesiastical parish, but this identity has largely been lost owing (*a*) to the increased number of ecclesiastical parishes and (*b*) to alterations in the boundaries of civil parishes.

Civil parishes are classified into urban and rural parishes. The urban parish situated within the boundaries of a borough or of an urban district is now but a name and a shadow, for, as has been already said, the powers of the old parochial vestries are now vested in the councils of the borough or urban district councils.

Rural Parishes

Rural parishes have similarly had their vestry powers transferred to the rural district council, but the Local Government Act of 1894 gave them a new place in local government. In every rural district that Act set up a *parish meeting* and in some rural districts a *parish council*. The parish meeting, like the Anglo-Saxon tun-moot, is composed of all the local government electors of the parish. It meets in 'annual assembly' every year in March and if there is no parish council it meets a second time in the year. If there is a parish council, its chairman is entitled to preside at parish meetings; if not, the parish meeting elects a chairman annually.

If the population of the parish amounts to three hundred persons or over, there must be a parish council in addition to the parish meeting. In cases where the parish population is two hundred or over, if the parish meeting resolves in favour of a parish council, the county council must establish one by order. It may also, at its discretion, establish a parish council for a parish of less than two hundred population. The county council can group small parishes together under one parish council, or it may divide large parishes into wards, each electing separate members to the parish council.

Usually the members of a parish council are elected by the parish meeting. They may, however, be elected in the same way as the councillors of larger authorities. Parish councillors to the number of from five or fifteen, hold office for three years and retire simultaneously. They elect their own chairman annually from among the members of the council or from persons qualified to be elected as councillors. The relationships between parish council, parish meeting and the electors are somewhat involved. Thus in some cases an appeal may be made from a decision of the parish council to the parish meeting and decisions of the parish meeting may be referred to all the general electors of the parish. This fluctuating power impairs the authority of parish local government and is partly responsible for its comparative lack of success.

Duties and Powers of Rural Parishes

The local government powers of rural parishes are small and they only deal, as a rule, with their own small concerns. The parishes with a parish council

have slightly increased powers as compared with those having only a parish meeting. The chief matters coming before a parish council relate to footpaths, parish property, village greens, water supply, baths, bathing-places and washhouses, recreational facilities, and allotments, the suppression of nuisances and the provision of mortuaries and offices. There is no compulsory appointment of officials, but a parish council may appoint a treasurer or clerk from among its members without remuneration, or it may appoint a paid clerk. Certain Adoptive Acts relating to lighting, the provision of libraries, etc., may be adopted and brought into force by consent of the parish meeting. For performing their duties, parishes have limited powers of expending money derived from the rates; in some cases, with the sanction of the county council and the Minister of Health, they may borrow money for capital expenditure. A parish council may even be made the local government authority in effect for its parish if the rural district council makes it the agent for the council's duties within the parish boundaries. Yet with all these potentialities, the general view of parochial local government is that it has neither been active nor progressive. Parishioners, on the whole, have preferred their local government to be done by the rural district council and the county council. The chief function of the parish council to-day is to bring local complaints to the notice of these authorities.

The County Borough

County boroughs were created out of the greatest municipalities as separate administrative areas by

the Local Government Act of 1888. There are 83 county boroughs in England and in Wales. By this Act they are exempted from any subordination to the council of the county in which they are situated, and their own councils are invested with practically all the powers of a county council within the boundaries of the borough. Originally they were selected because of their size and industrial significance (they had to have a population of at least fifty thousand); others, like Oxford, Canterbury, and Chester, were chosen because of their historical traditions.

The council of a county borough is, within the area of its own jurisdiction, at one and the same time a borough council, an urban sanitary authority, and a county council. In virtue of these powers it is the most satisfactory and simplified form of local government; and the one most calculated to secure the expedition of business, for one authority is responsible for all forms of local service, and co-ordination can, therefore, be readily effected. The former procedure for the creation of new county boroughs was as follows: they could only be created by private Act of Parliament promoted by a borough of at least seventy-five thousand inhabitants. With increase of population, a county borough might desire to extend its boundaries. For this purpose it made a 'proposal' to the Minister of Health. It also gave full information of the 'proposal' to the county councils and county district councils likely to be affected. After four weeks, if the councils concerned raised no objection and the Minister was prepared to consider the 'proposal' he held a local inquiry, and might then make a provisional order

permitting the extension of the county borough's area. But if, as was more often the case, the councils concerned raised objections, the Minister's jurisdiction ceased and this extension could only be obtained by private bill in Parliament. New county boroughs and extension of county borough areas can only be made by reduction of county areas, and inasmuch as the districts concerned form the larger source of revenue to a county council, its opposition was usually strong and vehement. Between 1888 and 1926, twenty-one new county boroughs were formed out of county territory, as well as a hundred separate extensions of county borough areas. The counties had consequently lost a total of a third of a million acres of territory, three millions of population, and nearly fifteen million pounds of rateable value. Thus the counties' revenues were being substantially reduced at a time when new and more costly duties were being assigned to them by Parliament. These claims were strongly urged by the county councils before the Royal Commission on Local Government under the chairmanship of Lord Onslow, which was appointed in 1923. As a result, the procedure just described for the creation of a county borough or for a county borough's extension safeguarded the interests of a county council to some extent, but the problem of county versus county borough was by no means solved. The whole subject has been altered by the passing of the Local Government (Boundary Commission) Act, 1945 (see Part IV, Chapter I and note).

The administration of a county borough by mayor, aldermen, councillors, and officials (town clerk, treasurer, surveyor, and medical officer of health,

etc.), resembles that of a non-county borough; their position is one of greater dignity, the duties are more important and responsible and the staffs required are on a larger scale. The mayor, aldermen, and councillors are elected in the same way as in a non-county borough, that is, the mayor is elected annually and the councillors are elected for a period of three years by the burgesses, so that one-third of the councillors retire annually. The aldermen are elected by the councillors according to the procedure and rules already described for county aldermen (p. 14). Incidentally, it may be mentioned that some municipalities, usually the seat of a cathedral and bishop, receive the honorary title of 'city', and to certain large cities the King has granted the chief magistrate the title of 'Lord Mayor'.

Committees

The bulk of local government business is too great for a council to deal with except in a pre-digested form and has to be dealt with by its committees. The members of these committees have to decide on numerous questions and give many orders and directions on matters referred to them by the authority's officials who are expected to refer any question which may arise out of the ordinary course of routine. The committees set up under the general powers of local authorities may be either 'standing committees' appointed to control generally and continuously some branch of administration, such as public health or finance, or special committees for some object of temporary consideration. Other committees are set up under statutes to deal with particular matters and are termed 'Statutory

Committees'. Examples of these are the watch committee of a borough council, the finance committee of a county council, and the education and public assistance committees of county and county borough councils. Some committees are strictly limited to members of the council. Many statutes dealing with particular services either authorize or require the local authority to include among the members of the committee persons who are now members of the local authority. In this way persons with special knowledge can be brought in from outside to aid the administration of local government. A committee for maternity and child welfare must include women among its members. In some cases a committee may be granted no executive powers by its council and is only able to recommend a course of action. It is here that the 'standing orders' come in. Standing orders are framed by all local authorities and form an internal code of procedure governing the proceedings of the council, its committees, its officers, and its administrative business. They frequently contain provisions permitting a large number of routine committee business to be formerly approved by the council and requiring only questions of exceptional expenditure and principle to be specially discussed and sanctioned. Some statutory committees have executive powers conferred upon them and can act without the approval of the council to whom they only report their proceedings. A third method of procedure is for the council to delegate certain of its executive powers to a committee. It need not delegate all its powers in respect of a particular service, but may subject them to restrictions and conditions.

It has previously been mentioned that a county council may delegate its powers to one of its district councils for the district concerned and that a rural district council may similarly make a parish council its agent for that particular parish.

Even when a council delegates executive powers to its committees it retains a good deal of control over them, partly through discussion and criticism of their reports, but mainly through the medium of finance. Thus, in all cases the council remains the directing body of local government.

Another method of local administration is the use of joint committees, appointed by two or more local authorities, for dealing with matters of common interest to the appointing committees. The use of joint committees increases the flexibility of local government and enables it to function in certain areas with much greater efficiency. Joint committees also favour a higher degree of co-operation between neighbouring local authorities and remove many causes of possible dispute between such authorities.

Joint Boards

Joint boards are composed of the representatives of two or more authorities appointed to deal with some service in which the appointing authorities are mutually interested. Thus two or more authorities may form a joint board for an isolation hospital or for the administration of a tuberculosis scheme. They may also be set up by local Acts or the Minister of Health may, by order, form a joint board of two or more public health authorities as a 'port health authority', or for the administration of

two or more districts for any other public health purposes. A planning scheme may provide for the constitution of a joint board to carry out the scheme. Joint boards differ from joint committees in that they are bodies corporate with powers and duties laid down at their creation which cannot be altered at the desire of one or more of the appointing authorities. They have their own officers, property, and funds, while joint committees are dependent for finance on the pleasure of their appointing authorities.

In some cases these joint boards work well, in others they do not, and in many areas where the adoption of the joint board system would make for economy and efficiency local authorities have preferred to retain individual and even overlapping services in their own hands. More general adoption of the joint board system by local authorities would have paved the way for regionalization of health and other services.

London Government

Some reference is desirable to the system of local government in London and Greater London, which differs in certain respects from that of the rest of the country. The local authorities in the metropolitan area are exceptional, and they are governed in their constitutions by a separate legal code.

The City of London. The City of London is the nucleus from which Greater London has developed. It is rich in tradition and has received from time to time many charters from the Crown which govern its powers and authority to-day. The corporation of the City is named as 'The Mayor and Commonalty and Citizens of the City of London'. It has the

powers of a county; thus, it elects its own sheriffs, the Lord Mayor is the head of the City Lieutenancy and Admiral of the Port of London. It acts through three courts, the Court of Common Hall, the Court of Aldermen, and the Court of Common Council. The Court of Common Hall consists of the Lord Mayor, sheriffs, aldermen, and such of the liverymen of the seventy or so City Companies as are freemen of the city. This body annually elects the two City sheriffs and nominates two aldermen from among those who have served the office of sheriff, for the election of one by the Court of Aldermen. The Court of Aldermen consists of twenty-six aldermen elected for life. It elects various officers, including the Recorder of the City of London. The Court of Common Council consists of the Lord Mayor, aldermen, and two hundred and six common councilmen. It is like the council of a county borough for it controls the property of the corporation; acts as public health authority of the city and is port sanitary authority for the Port of London; it maintains certain bridges over the Thames. The London County Council has less control over the City of London than it has over metropolitan boroughs, but in certain matters of education, main drainage, hospitals, public assistance, and fire brigades, the Court of Common Council is subordinate to the county council. The officials of the Corporation are similar to those of a county borough. The city appoints a medical officer of health and a medical officer of the Port of London. Despite criticisms of its medieval character and of its insistence on its great traditions in ceremony and procedure, the local government of the city is generally

acknowledged to be well administered, and only the iconoclast would wish to destroy its civic grandeur.

The London County Council. The London County Council consists of a chairman, county aldermen, and county councillors like other county councils, except that the aldermen number only one-sixth of the number of councillors. Being a purely urban authority its powers are wider than those of a provincial county council and in some respects resemble those of a county borough council, except that the main roads are not under its control and the police are under the Home Secretary. The London County Council is the sole poor law authority, and has wide powers concerning housing, public health, hospitals, education, and main drainage and streets.

The chief officials of the London County Council, clerk, treasurer, surveyor, director of education, medical officer, are similar to those appointed by other county councils. Having regard to the area served and the wide extent and character of the services there are naturally many subordinate officials and clerks comparable in organization and numbers to those of a large Government department.

Metropolitan Borough Councils. There are twenty-eight metropolitan boroughs, each governed by a municipal borough council consisting of mayor, aldermen, and councillors. In their relationship to the London County Council, these metropolitan borough councils occupy much the same position as the borough council or urban district council does to a provincial county council. Thus, for example, a metropolitan borough council is responsible for the environmental hygiene of its area, but

the London County Council controls its special health services. Metropolitan boroughs possess, through the London Government Act, 1899, more independent powers of local government than do the provincial boroughs and urban authorities, which are subject to the provisions of the Municipal Corporations Act, 1882, and they are not subject to the provisions of the Local Government Act, 1933. While subordinate to the London County Council they are naturally jealous of their rights, but the tactful administration of the county council has smoothed over many difficulties, which inevitably arise from a complex system of local government.

London Special Services. There are certain special services in London which are controlled by special authorities and which have been removed from the sphere of local government. Among these are the Metropolitan Police Force, which acts under the direction of the Home Secretary, the Metropolitan Water Board, which supplies water in the administrative County of London and a wide area adjoining, the London Passenger Transport Board, and the Port of London Authority.

This outline of London local government briefly indicates its complex organization. For further information reference should be made to the special treatises upon the subject.

SCOTLAND: LOCAL GOVERNMENT

Local Government in Scotland formerly differed considerably from that of England and Wales, but the Local Government (Scotland) Act, 1929, has made the system much more comparable to that

described for the Sister Kingdom. There is the same intention to unify the administrative and financial control of the principal services under a single authority in each area.

Local Authorities

The local authorities in Scotland are county councils, burgh councils (Royal, Parliamentary, and Police Burghs), and district councils. Provision is made for combinations of local authorities.

County Councils. County councils have similar powers and duties to those of England and Wales.

Burgh Councils. Burghs are the equivalent of the provincial boroughs of England and Wales. The Royal Burghs were incorporated by Royal Charter and hold their rights directly from the Crown. The Parliamentary Burghs were created under the Reform Act, 1832, and received the right of sending members to Parliament. Royal and Parliamentary Burghs correspond generally to county boroughs in England and Wales, but they are not entirely independent of the county councils for certain services, and the councils exercise a certain amount of control over them. The Police Burghs consist of towns of seven hundred inhabitants and upwards, and are constituted under the Burgh Police (Scotland) Act, 1892. They correspond generally to the urban district and non-county boroughs in England and Wales. The town councils of burghs elect members to serve on the county council along with councillors elected by the county areas.

The town council consists of the provost, bailies, and councillors. These correspond to the mayor, aldermen, and councillors of English councils. The

officers include the town clerk and depute together with similar officers to those appointed to an English borough.

District Councils. District councils are established by the Local Government (Scotland) Act, 1929. They were formed by the county council out of the landward part of the county—the 'Landward Area' means any portion of the county not included in a burgh—and each district comprises one or more electoral divisions. In constitution, powers, and duties they broadly correspond to rural district councils in England and Wales, except that county councils exercise a greater degree of supervision and control over them.

Central Control

Central control of Scottish local authorities is exercised by the following departments.

The Secretary of State for Scotland. The Secretary of State has powers for Scotland previously held by the Privy Council, the Home Office, the Treasury, and the Local Government Board of England. He is president of the Scottish Education Department and President of the Department of Health for Scotland. The Scottish Office, of which he is the Head, is in Whitehall, London; there is also a similar office in Edinburgh where the other central departments of administration are housed.

The Department of Health for Scotland. This department corresponds to the Ministry of Health.

The Scottish Education Department. This is the central authority for education in Scotland. It is a committee of the Privy Council but the Secretary of State is the responsible minister.

The Department of Agriculture for Scotland and the *Fishery Board of Scotland.* These departments come into relation with local authorities in certain matters.

The General Board of Control for Scotland. This board exercises similar functions in regard to the supervision of the insane to those of the English Board of Control.

NORTHERN IRELAND: LOCAL GOVERNMENT

Northern Ireland comprises six administrative counties, namely the counties of Antrim, Armagh, Down, Fermanagh, Londonderry, and Tyrone; two county boroughs, Belfast and Londonderry; three boroughs, Bangor, Newtownards, and Coleraine; thirty urban districts, three municipal towns and thirty-two rural districts.

County Councils. County councils are the chief authorities. They manage the administrative and financial business of the county. They contribute to the maintenance of the county infirmaries and fever hospitals and are responsible for the construction and maintenance of roads and other public works.

County Borough Councils. As regards powers and performance of duties county borough councils closely resemble those of England and Wales and are independent of the county councils.

Borough Councils correspond to those of English non-county boroughs.

Urban District Councils again are similar to English urban district councils, but they are not road or sanitary authorities, the town being for these purposes and the purposes of Poor Rate part of the surrounding rural district.

Rural District Councils differ from English rural district councils in that they have no power of levying rates. The money required for their expenses is supplied by the county council on demand and recovered by that council from the rural district by an appropriate poor rate. The councils are the sanitary authorities in their respective districts.

Boards of Guardians. Northern Ireland is divided into poor law unions. The Boards of Guardians are composed of rural district councillors and representatives of any urban district included in the poor law union. Their functions include administration of the poor law, vaccinations, registration of births, marriages, and deaths, medical relief, and boarding out of children. Their expenses are met by contributions from county and urban funds, and are recovered through the medium of a poor rate.

Central Control

The Government of Northern Ireland make substantial grants to the local authorities in relief of their expenditure.

Supervision over local authorities and their work is exercised by the Minister of Health and Local Government for Northern Ireland and the Minister of Labour for Northern Ireland (National Health Insurance).

CHAPTER III

MEMBERS OF LOCAL AUTHORITIES AND OFFICIALS

IT is highly desirable that local government electors should take an active interest in the constitution and proceedings of their local authority, whether it be parish council, rural or urban district council, borough council, county or county borough council. As Henry Clay[1] said: 'Government is a trust, and the officers of the government are trustees; and both the trust and the trustees are created for the benefit of the people.' The electors should be concerned with the trustees whom they choose and see that they are mindful of their responsibilities. Furthermore, local government affects the life of a private citizen in many ways, for instance, his house, his property, his health, his means of transport, his water supply, his food, and his amenities. On a more altruistic plane, he should be interested in progress and possible ways of improving the conditions of his less fortunate fellow-men.

With all these incentives, it cannot be denied that many men and women take little or no interest in the work of their local authority. This is demonstrated by the fact that a large percentage of electors never trouble to vote at municipal elections. The reasons for this apathy are manifold and may be grouped as follows:

(1) A large proportion of the community are completely ignorant of the system of local

[1] *Speech at Ashland, Ky. March 1829.*

government under which they live and of British local government. These activities are often contemptuously spoken of as 'the politics of the parish pump', an unjust slur which makes people think that local authorities are concerned, as a rule, with trivial and uninteresting matters. Historians, schoolteachers, and examiners devote great attention to accounts of wars, foreign policy, parliaments, and the records of individual reigns in English history, but they are strangely silent upon the history of local government, its development and its present-day constitution. May one express the hope that this neglect will be remedied in the educational syllabuses of schools at no distant date. Pupils should be led to take an interest in their local history.

(2) Modern conditions, the invention of the internal combustion engine with increased facilities for transport, and movements of population, professional and business interests outside one's place of residence, dwelling in flats, hotels, and boarding-houses, prevent people setting down roots in one district, as formerly. In Greater London and the larger provincial centres there is an absence of that local interest which derives from birth and upbringing in a locality. All these factors tend to diminish interest in local affairs and are inimical to the sense of civic responsibility. Their cumulative effect is a serious menace to the continuance of local government. Interest in one's county, home town, or parish is on the

wane to a regrettable extent, and the civic pride of St. Paul who said: 'I am a man which am a Jew of Tarsus, a city in Cilicia, a citizen of no mean city', needs to be recaptured.

(3) Efficient and sufficient normal services are now commonplace and almost universal, e.g. sewerage systems, water supply, street lighting, etc., and while there is always room for improvement, there are perhaps few grave urgencies, except the immense post-war problem of housing; contentment, to some extent, produces apathy.

(4) Modern developments in the social services tend to be legislated for on a national basis, and local authorities are often required to act as agents on well-defined lines, having less power of initiative; this is probably heightened by the increasing tendency of successive governments to entrust the larger authorities —*county councils and county boroughs*— with new powers and services.

(5) The comparative remoteness of the 'precepting authorities' (e.g. county councils) who spend most of the rates, from the individual ratepayer.

(6) Many individuals possessing considerable ability, either with their heads or their hands, in the nature of things find that they progress in their vocations to responsible and strenuous posts which leave little energy or leisure time to devote to the long and frequent evening meetings which are often the lot of a member of a local authority.

The Members of Local Authorities

There is a general impression that the members of local authorities are elderly men and women. 'The City Fathers' is a well-known epithet. It is probably true that many people only find time to engage in local government activities after they have reached middle age and have gained a competence in business or professional life. Men or women are not usually selected as a councillor until they have achieved a certain standing in their district. At the same time, younger councillors have shown that it is quite possible for them to continue their avocations and to take an active part in council work. It is often stated that the members of a council are largely composed of shopkeepers and small tradesmen. Some unofficial or informal investigations made by Nuffield College, Oxford, show that this is not so. Shopkeepers and tradesmen only constitute about 30 per cent of the councillors in the areas studied. Builders naturally bulk largely, but the largest proportion of councillors come from the ranks of the teaching profession.

To qualify for election as a councillor, a person must be a British subject of full age and must satisfy the following conditions:

(1) Be a local government elector for the area of the local authority; or
(2) Own freehold or leasehold land within the area of the local authority; or
(3) During the whole of the twelve months preceding the day of election have resided in the area of the local authority; or
(4) In the case of a parish council only, during the whole of the twelve months preceding the

day of election or since the 25th March in the year preceding the year of election, have resided either in the parish or within three miles of it.

There are certain disqualifications for election as a councillor.

(1) He must not hold any paid office or other place of profit (other than that of mayor, chairman, or sheriff) in the gift or disposal of the local authority or of any committee thereof.
(2) He must not be a bankrupt or have made a composition or arrangement with his creditors.
(3) Within twelve months from the day of election or since his election, he must not have received poor relief.
(4) Within five years before the day of election or since his election, he must not have been surcharged to an amount exceeding £500 by a district auditor.
(5) He must not, within five years from the day of election or since his election, have been convicted in the United Kingdom, the Channel Islands, or the Isle of Man of any offence and ordered to be imprisoned for a period of less than three months without the option of a fine.
(6) He must not be disqualified under the Acts relating to corrupt and illegal practices at elections.
(7) For a borough he must not be an elective auditor.
(8) In the case of a county or county borough, being a poor law officer or having been dismissed from such office within five years before the day of election.

Contractual relations (other than as employee) with a council do not disqualify for election, but a member of the authority having such relations, whether direct or indirect, must not participate in a discussion or vote on any matter in which he is interested.

The question as to what motives actuate persons in participating in the local government of their district is often propounded and to it various answers can be given. In certain cases, problems of ethics arise. There is the person who uses his place on the council for his own personal interests, the man of petty vanities who likes to be called 'Mr. Councillor' and hopes to be made mayor—this in other respects may be quite a laudable ambition. There is the man who likes the influence which office gives him and is anxious to strut in a little brief authority; there are the 'title-hunters' and the place-seekers. All these venal types can be found in other forms of collective bodies and even the universities are not exempt from them. It must be remembered, also, that most men's actions are spiced with a little pardonable vanity and that the ambition to make a career is often a spur to industry and good work for the common weal. A striking example of this is the man who goes from good work in local government into Parliament. Joseph Chamberlain and his son, Neville Chamberlain, served their apprenticeship to high office in the State on the town council of Birmingham; and it is interesting to note that many members of the Parliament elected in 1945 had served on the councils of local authorities, including ministers like Mr. Herbert Morrison, Mr. Chuter Ede, and Mr. Silkin.

Local government, indeed, is a valuable training for national government, although some critics argue that in some cases it gives too narrow an outlook on the problems which come before the statesman.

While, admittedly, there are some spots on the sun of local government, on the whole the members of local authorities perform their duties with a high sense of responsibility and in the interest of the electors. They have had many duties imposed upon them of late years, and they have achieved great things, notably in the sphere of public health. As has been shown, the field from which candidates are drawn is small owing to the prevailing lack of interest in local affairs, and there is a need for more councillors with the progressive outlook, vigour, and energy of younger men and women.

There is a great opportunity for those men and women returning from war service to take their share in the councils of local government. Any man or woman who possesses the qualifications previously mentioned, and is not disqualified, may be nominated for election to a council, but from a practical point of view he or she is only eligible in the sense that Mr. Micawber was eligible for the Woolsack. If men and women ask how they can fulfil their aim to serve the local electorate, no better answer can be given them than that of a man with prolonged experience of local government to whom this question was put recently. He advised the would-be councillor to join a study circle or debating society for the discussion of problems of local government, to attend regularly and to take every opportunity of studying the subject and of participating in the discussions. The intending candidate would be

wise to devote special attention to some individual branch of local government such as housing or public health, so that in course of time he may be able to speak with some degree of authority on it. If there is no such society in his district, he should approach his friends who are interested in local government and form one with their help. He should follow the work and proceedings of the local council, be active in elections and interested in the social and health activities of his district. In this way he will become gradually known to his fellow-electors and, if he is genuinely interested in local government and acceptable to them, he is likely to be invited, in course of time, to become a candidate for election to the council.

If more candidates are nominated at an election than there are seats, there must be a poll of the electors, conducted in accordance with the Ballot Act, 1872. The local authority defray all the administrative expenses of an election, but the candidate is responsible for his personal expenses, for instance, issue of posters, printing and circulation of an election address, etc. This item is not a heavy one; it has not to exceed a fixed scale, and the candidate has to produce receipts and vouchers for the sums expended. The restrictions on expenditure are stringent and are enforced by statute (see the Fourth Schedule of the Representation of the People Act, 1918, as amended by the Representation of the People (Equal Franchise) Act, 1928). Corrupt practices, etc., at local government elections are governed by the Municipal Elections Act, 1884, as amended.

An elector, if he considers the election has been

illegal, may present a petition against the return of the member elected.

Candidates for election to a council may be independent, but they are usually nominated by one of the three recognized parties—Conservative, Liberal, and Labour.

The question of party politics is a debatable one. In an age like the present one, when all political parties desire to improve the lot of their fellow-citizens and to make the amenities of life common to all, it is in some ways unfortunate that the clash and turmoil of party controversy should enter into local government and its deliberations. In practice such controversy is seldom carried to extremes, and one finds persons of different political complexions working in the closest accord and harmony on local government committees. The intending candidate may therefore find his chances of election to the council favoured by joining a local political organization, but it must assumed that this will be selected according to his real convictions and not with any ulterior motive. Generally, it may be suggested that the conduct of local politics on a party basis is suited to a large authority and not to a small one.

If men and women of brains and character, who are genuinely interested in local government and in helping humanity, come forward on the councils of local authorities in greater numbers than in the past, the prestige and influence of local government will benefit considerably.

Officials

The employment of officials as salaried servants of the local authority practically dates from the

nineteenth century. Boroughs, of course, had had town clerks with clerical assistance for centuries, but most of these were part-time officers. Indeed, up to recent times it was a common practice for a solicitor to act as part-time clerk to a small local authority at an inadequate salary, to transact most of the town or district's business in his own office and to recoup himself by the fees which he received for transacting his authority's legal business.

Populations have increased, the boundaries of local authority areas have been extended; greater and heavier demands have consequently been made on local authorities by the inhabitants of their area, for instance, as regards housing, water supply, drainage, and lighting; at the same time fresh duties have been imposed on local authorities by Parliament, including the setting up of new health services. This has necessitated the development of a local government service comparable in some respects to the Civil Service. Indeed, certain of the larger authorities, as, for instance, the London County Council, have taken certain high officials from the Civil Service into their own service.

An account of the recruitment of the local government service is so wide a subject that it would require a separate volume. For the various and multiple posts, a great variety of professional and technical training is involved, and many bodies and organizations have been set up to provide the necessary qualifications. Promotion for the senior posts in the service largely takes place by mobility, that is transfer of the official from one local authority to another and usually from a smaller authority to a larger one, although internal promotion, for example,

the promotion of a deputy official to the senior post, is not infrequent. Promotion in the junior grades is usually internal, that is within the offices of the local authority.

In a city like Manchester or Birmingham, the work of the local authority resembles that of a large commercial business; there are departments dealing with different spheres of activity; much correspondence has to be transacted; interviews and conferences have to be arranged; elaborate systems of records have to be kept and, in short, the town hall is a hive of industry. This means a staff comprising many hundreds of officers. In 1932 it was estimated that there were about 130,000 officers employed by local authorities. To-day, on a peace-time footing, this number would be appreciably increased.

Local authorities are compelled, under the Local Government Act, 1933, to appoint certain officers. These may be set out as follows:

(*a*) *County Councils:* clerk, county treasurer, county medical officer of health, and county surveyor.
(*b*) *Borough Councils:* town clerk, treasurer, surveyor, medical officer of health, and sanitary inspector.
(*c*) *District Councils:* clerk, treasurer, surveyor, medical officer of health, and sanitary inspector.

Under Acts dealing with particular services, a county council is required to appoint a number of other specialist officers, such as an inspector of weights and measures and a county analyst.

In addition to these chief officials, local authorities

of any size and those with responsibility for other services find it necessary to appoint other chief officials dealing with special departments. Thus there may be separate gas and water engineers, a whole or part-time architect for housing and buildings, tramway managers, a director of education, and a superintendent of public cleansing. The procedure differs in different councils as to the appointment of these additional officers and the allocation of their duties.

The most important officer of a local authority is the clerk. He is both chief administrator and legal adviser to the council. This has come to pass through the progressive increase in the work of local authorities, which has placed him in a position similar to that of general manager of a large business, or the secretary of a government department. But the extent to which he takes this important position depends largely upon the trust resposed in him by his council and his own personality and tact in dealing with the head officials of the various departments. The various departmental chiefs, for example, treasurers, borough engineers, and medical officers of health are directly responsible to the council for advice in their respective spheres and the efficient administration of their departments; indeed, Section 106 (5) of the Local Government Act, 1933, expressly re-enacts the old provision that the office of town clerk and treasurer shall not be held by the same person or by persons who stand in relation to one another as partners or as employer and employee. The clerk's function is to co-ordinate the multifarious activities of a local authority in accordance with efficient administration and the policy of the

council, but he will wisely not interfere with the detailed administration which the various officials control in their respective departments.

The clerk is sometimes a barrister, but more usually a solicitor.

In the case of a county council, the office of clerk was at first combined with that of clerk of the peace. Now the two appointments are separate ones, but they are usually held by one individual. In counties where the clerk's administrative duties could reasonably employ the whole of his time, the two appointments might well be held by different individuals.

The salary of a clerk varies considerably, ranging from £4,000 a year in the case of the largest authorities to about £550 a year for the smaller ones.

The appointment and salary of the clerk to a county council requires the approval of the Minister of Health, and once appointed he cannot be dismissed without the minister's sanction. Town clerks and clerks of urban and rural district councils have not this security of tenure, except that under the Local Government Superannuation Act of 1933, it is provided that where a clerk to a local authority has an agreement under which he is entitled to a period of notice of dismissal, that agreement is enforceable. The appointment of a medical officer of health requires the approval of the Minister of Health in any case where the local authority accepts from national funds part of the medical officer's salary. He cannot be dismissed without the minister's sanction. Similar protection is given to a sanitary inspector whose salary is partly derived from national funds. This measure of control is now almost universal, for practically every local

authority receives money from the Exchequer. It is intended to protect the M.O.H. and the sanitary inspector from any victimization on the part of a council on account of these officials making adverse or unpalatable reports in the course of their duties. The qualifications, duties, and work of medical officers of health and sanitary inspectors are considered in the Public Health Section of this book (pp. 90–98). Engineers of local authorities dealing with highways, where the local authority receives a contribution towards the maintenance of highways can only be dismissed with the sanction of the Minister of Transport.

Local government officials are subject to a superannuation scheme which gives them uniform pecuniary rights throughout the country. This was provided for by the Local Government Act of 1937, which came into force on the 1st of April 1939. All the larger authorities now have established superannuation schemes and the officials of the smaller authorities are included in the county schemes. Provision is made for enabling officers and servants within the scheme of one local authority to carry with them their accrued rights if they obtain employment under another authority. Superannuation not only provides a pension on retirement, but its existence favours security of tenure and the independence of officials. The retiring age is sixty-five years, but may be extended from year to year by the council. A useful option exists from the employee's standpoint, which is exercised in the majority of cases in practice, of retiring at the age of 60, if 40 years' service has been given since the age of 18. Until recently, a uniform scale of remuneration for all

local government officials had not yet been framed. Medical Officers of Health are usually appointed according to a scale devised by the British Medical Association known as the 'B.M.A. Scale'; nurses and midwives according to scales set up by a departmental committee, the Rushcliffe Committee, and there are scales drawn up for the remuneration of other officials which may or may not be recognized by the appointing local authority. On the whole, the salaries of local government officials vary to a large extent in different districts.

In 1946 the national joint council for the administrative, professional, technical, and clerical services of local authorities, ranging from county councils to rural district councils, adopted a scheme of improved salaries and conditions of employment designed to raise both the status and the standard of the local government service in England and Wales.

The new scale is complicated. It provides for a general increase, which will vary in amount according to the salaries now being paid. For the basic grade the broad effect at age 26, which is the upper limit of most salary scales, will be an increase of 10*s*. a week. By its constitution the national joint council is debarred from prescribing salary scales going beyond £700 a year, and consequently the salaries of senior officers will continue to be fixed by each authority individually.

The annual report system, similar to that in the Civil Service, is to be adopted. Advancements on the fixed scales and promotion from one grade or division to the next will not be automatic, nor based on age or length of service, but will be dependent on annual and individual reports taking into account

personality and force of character, address and tact, initiative, judgment and common sense, zeal, knowledge of the post occupied and of the department, and the degree of fitness for promotion.

In most of the divisions in the salary scale the salary for women is 80 per cent. of the men's rate, but there is an exception in the administrative professional and technical division, where in salaries ranging up to £700 there is one scale for men and women alike.

There is a large number of associations which look after the interests of local government officers. Clerks of the peace of counties, clerks of urban district councils, of rural district councils, and town clerks have separate associations; medical officers of health, engineers, treasurers, accountants, sanitary inspectors, public assistance officers and, in fact, nearly every officer of a local authority can belong to an association dealing with his or her special vocation.

There is, however, one great federating association, the National Association of Local Government Officers, usually known in its abbreviated form as 'Nalgo'. Nalgo was founded in 1905 and has a membership of 75,000 grouped into five hundred branches under twelve district organizations, including Scotland. It has done much to improve the status and attainments of local government officers, for its aims have been those on which the medieval guilds were founded, that is, not alone to secure fair wages but to attain a high standard of craftsmanship.

Nalgo has urged the setting up of a national scale of salaries and has drawn up model scales for this purpose. It has suggested systems of promotion. It

has been more successful in its case for the attainments and efficiency of local government officers and has helped them to reach a good intellectual standard. It provides facilities for instruction and study and holds its own examinations not only in general educational subjects—English, history, geography, and science—but also in specialized subjects, for example, public health, rating and valuation and the management of housing estates. Its work was commended in the Hadow Committee's Report of 1934.

From what has been said, it should be apparent that local government service provides a useful and honourable career for men and women whether they enter the service as a junior clerk or after they have obtained experience and qualifications outside or inside the service which fit them to become specialist officers of a local authority. Youth is the age of ideals, and entrants into the service will make all the better officials if they remember that they have chosen a vocation in which they can improve conditions of living, health, and safety for their fellow-citizens, and that sympathy and good feeling in their official duties are qualities to be developed and fostered.

CHAPTER IV

FINANCE OF LOCAL GOVERNMENT

THE finance of local government is a complex and intricate subject and involves a knowledge of the laws of England. It is only possible here to give a general account of the way in which local authorities obtain their revenue for the numerous duties which they have to perform.

Annual Expenditure

The annual expenditure of local authorities is high. Before the war they spent every year on revenue account over 470 million pounds. There is also a large annual expenditure on capital works. The Nineteenth Annual Report of the Ministry of Health 1937–8 (Cmd. 5801) reveals that in 1935–6 the capital expenditure amounted to over 108 million pounds, and the gross outstanding loan debt at the end of that financial year was over 1,450 million pounds.

Sources of Income

The income of local authorities is derived from three sources: property, rates, and Government grants.

1. *Property.* As regards property, various fees and tolls are collected in connexion with certain services. Some of the older boroughs are the owners of land and buildings which produce a substantial revenue. This, however, is exceptional. The more usual income from property is derived from trading

undertakings, such as markets, tramways, omnibuses, electricity, gas, and water undertakings maintained by local authorities with appropriate powers. As a rule, the profits on these municipal businesses are used 'in relief of the rates' and help to defray the cost of the more unremunerative services.

So far as profits from gas, water, and electricity undertakings are concerned, the modern tendency is often to devote all profits for the benefit of the consumers from whom they are derived, either by reduction of charges or development of the undertaking. The Electricity Supply Act, 1926, limited the annual transfer of profits in aid of rates to a maximum of 1½ per cent of the outstanding debt of the electricity undertaking and then only when a reserve fund had been established consisting of at least 5 per cent of the aggregate capital expenditure of the undertaking (vide the fifth schedule of the Act). There are also restrictive provisions in many local Acts.

2. *Rates.* Rates, like other taxes, can only be levied with the consent of Parliament. This power has been given by statute to local authorities and is an unrestricted power, independent of Parliament and of Government departments. This makes for the independence of local government. Expenditure and the rating power are authorised by the local authority and provided that the expenditure is legal, local authorities are responsible only to their electors.

All local authorities do not levy rates. The rating authorities are the councils of county boroughs, boroughs, urban and rural districts. They levy rates not only for their own expenditure, but also for the expenditure of any other local authority in their

rating area or any part of it. These other authorities issue 'precepts' to the rating authority, and the latter must levy a rate to meet the amounts of the precepts as well as for its own needs.

A precepting authority must calculate the sum it requires from its rating authorities concerned, so that the rate will fall equally on all parts of its area. A county council, for example, is a precepting authority and not a rating authority. It issues precepts on all the district and borough councils in its area so that each council levies a rate of the same amount for general county purposes.

Rates are taxes on the occupiers of real property and, broadly speaking, they vary according to the annual rate of the property. They are the personal liability of the occupier and if he does not pay the rate a court of summary jurisdiction may issue a warrant against him for distraint or seizure of his goods. If he has not enough goods to defray the amount of the rate owed he may be sent to prison for a term not exceeding three months. Tenants of a property are liable for rates and the owner may be required to collect them from his tenants. The owner can only be compulsorily required to collect rates from the tenants within the limits imposed by Section 11 (1) of the Rating and Valuation Act, 1925, which in general prescribes a maximum of £18 rateable value; the higher ranges of rateable value can only be dealt with by agreement under Section 11 (2) et seq. Tenants can deduct the amount they have paid in rates from the rent. Unoccupied property, with certain exceptions, is not subject to rating. Certain properties are exempt from rating, for example, churches and other buildings exclusively

used for religious purposes, premises used by scientific and learned societies, non-provided elementary schools, burial grounds, and property occupied by the Crown for public purposes. The Crown does pay a contribution, assessed by itself, in lieu of rates to the local authority in respect of such property.

The valuation for rating depends upon the annual value of the property. The definition of 'gross value' in Section 68 of the Rating and Valuation Act, 1925, is 'the annual rent which a tenant might reasonably be expected, taking one year with another, to pay for the hereditament (i.e. real property) if he undertook to pay all usual tenant's rates and taxes and tithe rent-charge if any, and if the landlord undertook to bear the cost of the repairs and insurance, and the other expenses, if any, necessary to maintain the hereditament in a state to command the rent'. The 'net annual value' of the property is found by making certain percentage deductions from the 'gross value', and constitutes the 'rateable value' upon which rates are levied, subject to any 'derating' qualifications.

Valuation or assessment is done by assessment committees, each operating for an assessment area. A county borough is an assessment area and county councils divide their county into assessment areas. In a county borough the assessment committee is appointed by the council, but at least one-third of the members must not be members of the council. The County Assessment Committees are composed of members appointed by the county council and the rating authorities.

Assessment committees have independent statutory powers which they exercise in a judicial manner,

The method of valuation is as follows: the occupiers of property fill up a form issued by the rating authority which answers questions of fact about the property. The rating authority compiles a draft valuation list from the answers, and also makes a careful survey of the properties concerned, as well as examining the occupiers' returns. This list is open to inspection and any person aggrieved by the valuation of his property may raise questions about it. If the valuation of property is too low in one district as compared with another, the latter district may protest to the assessment committee because a general higher county rate will be necessary. To promote uniformity of valuation each county sets up a County Valuation Committee, composed of members of the county council and a representative of each assessment committee in the county. The functions of this committee are consultative and advisory. It may, however, make representations to the assessment committee on matters included in or omitted from a draft valuation list.

Similarly, to promote uniformity of rating throughout the county the Minister of Health has a Central Valuation Committee which is purely consultative and advisory. It includes members of rating authorities, county valuation committees, and assessment committees, etc. It has given and published recommendations on a number of difficult questions arising in valuation practice.

In practice, many County Valuation Committees, either through their own officers or by employing outside valuers, by agreement with the rating authorities, prepare assessments for special categories or properties throughout the county, with the object

of promoting uniformity, e.g. public utility undertakings, cinemas, licensed houses, etc.

Since it is the practice for the Commissioners of Inland Revenue to use the valuation lists of local authorities as a basis for Schedule A Income Tax assessments, this is a further potent argument in favour of uniformity in valuation as between one district and another.

To resume, the assessment committee has the draft valuation list before it, hears any protests or complaints by owners of property with their witnesses and may employ a valuer to value any property and to give evidence in the dispute. The committee then approves the draft valuation list, with or without amendments, and it becomes the substantive valuation list for the district. Even then an aggrieved person may propose an amendment of the list to the assessment committee and from the decision of the committee he can appeal to the Court of Quarter Sessions. If still dissatisfied on a point of law he can further appeal to the High Court.

De-rating

Three classes of property by comparatively recent legislation have received special exemptions from rates. These are agricultural hereditaments, industrial hereditaments and freight transport hereditaments. This process of exemption is known as 'de-rating', a coined word which can hardly be defended philologically. Agricultural hereditaments are totally exempt because of agricultural depression; the other two hereditaments are assessed at one-quarter of their net annual value to relieve the overhead charges on industry. De-rating shows that

Parliament may alter the basis of local taxation; the process naturally involves either an increase in the local rates, or some other source of revenue. Parliament chose the second alternative and increased the grants given to local authorities out of national funds—this has been necessarily followed in effect by increased central control over local government finances.

Government Grants

Grants to local authorities in financial aid of their services developed gradually. Prior to 1929, many of the grants distributed by the Exchequer were annual lump sum payments; the grants in aid of public health services were 'percentage grants', a proportion of the approved expenditure on the particular service. In 1929 some of these grants were abolished and replaced by 'block grants', calculated on a complicated system which need not be detailed here. It is a grant whose total was fixed for definite periods—three years in the first place, four years in the second, and afterwards for two periods of five years; these general grants are now in process of revision and increase in aggregate. The main grants now are in aid of specific services, namely, police, education, housing, highways and bridges, and the block grants in aid of general revenue.

Borrowing Powers

By Section 195 of the Local Government Act, 1933, a local authority may with the consent of the sanctioning authority (the Minister of Health, the Minister of Transport, or the Electricity Commissioners), or in the case of a parish council with the

consent of the Minister of Health and the county council, borrow money for the acquisition of land, the erection of buildings, the erection of any permanent work, plant, etc., or the doing of any other thing within its powers, the cost of which ought to be spread over a term of years, or for any other authorized purpose. A county council without sanction may be empowered to borrow money in order to lend it to a parish council. Sometimes power to borrow is conferred directly by local Act. In this case the power is examined carefully by the Parliamentary committee with the assistance of the Government department concerned.

So far as borrowing is concerned (not loan sanctions) the Local Authorities Loans Act, 1945, now governs the position.

Section 1 (i) thereof states that notwithstanding any enactment it shall not be lawful for a local authority, without the approval of the Treasury, to borrow money otherwise than from the Public Works Loan Commissioners, provided that the Treasury may prescribe exemptions from this restriction by regulations.

The Treasury have, in fact, issued the Local Authorities Loans (Exemptions) Regulations, 1945, which exempt various general categories of borrowing from the obligation to go through the Public Works Loan Commissioners, the principal of these categories being in broad terms:

(i) Borrowing up to a 'ceiling' which is the highest total amount of debt outstanding between the end of the local authority's financial year, 1938–9, and the 1st August 1945.

(ii) Temporary borrowing, e.g. by bank overdraft, pending the receipt of revenues or raising of a loan.
(iii) Borrowing from internal resources, e.g. superannuation funds or charity funds.
(iv) Borrowing from other local authorities.

The maximum periods allowed for loans are never longer than eighty years, and vary according to the anticipated life of the capital works for which they are intended to be used. In every case the loans are either repaid by instalments or a sinking fund is provided. The amounts borrowed are frequently represented by tangible assets, and before these assets have been exhausted the amounts due for repayment will either have been redeemed or provided by sinking funds. Owing to this careful management and the fact that mortgages are secured on rates and revenues, local authorities have been able to borrow cheaply in the past; in the future prevailing rates of interest for new borrowings will be fixed by the Government from time to time. It is interesting to observe that the outstanding loans in 1936 amounted to over 1,451 million pounds.

Control of Local Government Finances

It has been shown that local authorities receive considerable sums of public money as rates or in the form of grants in aid from the National Exchequer. Their expenditure is controlled and checked in various ways, some of which have already been mentioned in this chapter.

(1) In the first place, the ordinary law provides a certain measure of protection against

improper or unauthorized expenditure. The money of local authorities is regarded as charitable trusts for public purposes and a local authority or its individual members and officials dealing with funds illegally may be proceeded against by the Attorney-General in a court of law.

(2) Secondly, there are legal provisions (consolidated by the Local Government Act of 1933) providing for the orderly keeping of accounts by local authorities. Thus each urban district council is required to have a general rate fund with an account into which all receipts are to be entered and from which all payments are to be made. Rural districts have also a general rate fund, but they must keep two sets of accounts, a general district account covering general expenses and a special district account relating to special expenses. Rules limiting the financial dealings of rural parishes are laid down. In the case of borough councils, the council must maintain a general rate fund and accounts of this must be kept. All receipts must be paid into the fund by the borough treasurer and all payments made out of it by him. A local government elector may inspect and question the validity of payments made under the order of the council, and a person aggrieved by the order may appeal to the High Court.

County councils are subject to more stringent regulations in their expenditure. They must appoint a finance committee and receive estimates

from it; they must make an annual budget; they must maintain a county fund controlled by the county treasurer; like rural district councils they must keep separate 'general' and 'special' county accounts.

In practice, however, irrespective of any legal requirements, all local authorities of any size as a matter of good business administration possess sound systems of budgetary control, accounting and financing, which generally show a high standard of progress and efficiency.

The Audit

A further check on the expenditure of local authorities is provided by the audit which the law requires to be held of the accounts of local authorities and their officers. Audit began with the Poor Law accounts, and although in the first instance the auditors were appointed by the Boards of Guardians in 1868, their appointment was transferred to the central health authority. District auditors are civil servants, appointed by the Minister of Health and assigned by him to prescribed districts into which the country is divided. They are not agents of the Minister, but occupy an independent position carrying out duties imposed upon them by legal enactments. The district audit applies to the accounts of every county council, metropolitan borough council, urban district council, rural district council, and of every parish meeting not having a parish council. Numerous other accounts are also audited, including joint committees, asylums under the Lunacy Acts, the Metropolitan Water Board, assessment committees and rating authorities, poor law

accounts, education accounts of borough councils and of borough police forces. Borough councils have such accounts as are not subjected to district audit audited by three borough auditors, two elected by local government electors and one nominated by the mayor.

In substitution for elective auditors they may adopt by resolution either of two kinds of external audit, the district audit or the employment of professional auditors. In addition to external audits, the chief financial officers of local authorities usually maintain a continuous internal audit upon the financial activities of all departments.

The local authorities' accounts are made up and audited by the district auditors annually. It is the duty of the district auditor:

(1) To disallow any item of expenditure which is contrary to law.
(2) To surcharge the amount of any expenditure disallowed upon the person or persons responsible for authorizing the expenditure. The persons concerned may be members of the local authority who authorized the expenditure by resolution. The persons named by the auditor must make good to the local authority's funds the amount which has been spent illegally.
(3) To certify the amount due from any person upon whom he made a surcharge.
(4) To certify at the conclusion of the audit his allowance of the accounts, subject to any disallowance or surcharges which he may have made.

Any local government elector can object to any expenditure by appearing before the district auditor. The decision of the district auditor in respect of a disallowance or surcharge may, under the Local Government Act of 1933, be the subject of an appeal to the Minister of Health, or, alternatively, if the amount exceeds £500, the person surcharged can appeal to the High Court. A member of a local authority surcharged is for the time being disqualified for holding office.

Standing Orders in Control of Expenditure

It has already been mentioned that local authorities conduct their committee business through 'standing orders' (p. 26). In 1934 the Minister of Health issued model standing orders based on the results of previous experience. Local authorities are only required to make standing orders in respect of contracts, but, as most local authorities have found standing orders necessary, many adopt the model standing orders, which has the further advantage of making the procedure more generally uniform.

As regards contracts, the standing orders preclude a local authority from accepting tenders for contracts other than the lowest tender, except upon proper professional advice. Other standing orders, for example, regulate the manner of making payments for capital account and for ordinary current expenditure; they also ensure that members of local authorities, who are interested in any matter which comes before the local authority, shall not take part in the proceedings.

In this way the standing orders provide an

additional safeguard against improper expenditure by local authorities.

Control by National Exchequer Grants

In the past, the Minister of Health had power to control the expenditure of local authorities by reduction or withholding the grants for special services, such as the tuberculosis and maternity and child welfare services. Although the special grants have now been merged in the block grant, this control by the Local Government Act of 1929 has now been extended to all public health services and to the roads by virtue of the grant made by the Minister of Transport to local authorities. There is now power to reduce the exchequer grant to a local authority if the Minister concerned decides that the services concerned have not been efficiently maintained, or that the expenditure of the council has been excessive and unreasonable. Before 1930 the Minister of Health had no control over many public health services, for example, sewerage systems, water supplies, hospitals, except when a loan was sought for capital expenditure. The effect of this augmented power has not been to reduce grants or to threaten local authorities with a reduction. Its existence, on the contrary, has made local authorities more willing even than heretofore to seek the advice of the Minister on contemplated expenditure and they have found that this makes for economy and efficiency in their financial budgets. Reviewing the whole subject of local government finance, it can be said that the financial probity and efficiency of local government administration in this country will bear comparison with any country in the world.

CHAPTER V

CENTRAL GOVERNMENT CONTROL

IT is inevitable that all systems of delegated government must be controlled to a greater or lesser degree by a central authority if equitable and just principles are to be maintained. This is seen in the sphere of constitutional government, for instance, in the United States. The individual states are largely autonomous, but their policy and work are co-ordinated at Washington by the Federal authority. In local government it is clear that some system of control by the central authority is required for proper direction, unification, and co-ordination of the services of local authorities. Otherwise the standards and extent of these services would be dissimilar in many districts and this would be manifestly unfair to the population as a whole. Like other aspects of local government the problem is a complex one. As we have seen, the powers possessed by local authorities are derived from Parliament, but the degree of central control exercised by Government departments has fluctuated from time to time. In the seventeenth century the Star Chamber kept the reins of local government in its own hands and the justices of the peace were its subservient agents. With its abolition the justices were practically free of administrative control. Jeremy Bentham, as we have seen, advocated a system of local government closely controlled by central government. This was recommended by the Royal Commission on the Poor Laws in 1834

and enacted by the Poor Law Amendment Act of the same year. The principle was not extended to municipal corporations. Chadwick's attempt to control the administration of public health centrally ended in 1854 and was followed by the abolition of the General Board of Health in 1858.

In its origins the Local Government Act of 1888, which established county councils and which contemplated the formation of district councils, subsequently to take the place of local boards and urban district councils, represented a delegation of administrative authority by the central government. This policy was further implemented by the Local Government Act of 1929 which abolished the Boards of Guardians and placed poor law relief and its provision (now termed Public Assistance) under the county and county borough councils, a further great step in public health reform. The smaller local authorities (urban and rural councils) were not replaced by district councils under the county councils, but opportunities were afforded by the Act for the exercise of fuller supervision over their activities, especially as regards health matters, by the county councils. The conception of local government was then that the Ministry of Health, the Board of Education and other departments of State should, as directed by Parliament, initiate desirable measures of local government and act in a supervisory, directing, and subsidizing capacity to see that these measures were adopted and efficiently performed by the local authorities, but the actual administrative work was done by the latter.

It might have been supposed that these functions of direction, supervision, inspection, and making of

grants to local authorities could be done by the Ministry of Health with a comparatively small staff and at small cost. The exact contrary has been the case. The central health authority has not been prepared to delegate full powers in local government to local authorities, and to rely solely on its own powers of direction, supervision, and inspection to see that these bodies performed their work efficiently. It records and reduplicates much of the councils' administrative work; many local administrative measures are subject to regulations made by the Ministry, and many things which could be expeditiously done locally are subject to the approval of the Minister; this can often only be secured by special investigation and inquiry from Whitehall.[1]

As a war-time necessity, the central government exercised further direct administrative control; Regional administration was set up and the Emergency Hospital Scheme was directly supervised by the Ministry of Health. All this meticulous control greatly adds to the cost of the health services and to the number of civil servants employed. It has been said, though no doubt unfairly, that successive governments have never made up their minds as to whether local government is to be centrally

[1] In defence of reduplicated control, the objection has been raised that supervision and subsidy by the central government require some measure of detailed check. But a satisfactory check can be maintained by inspection of the varied activities of local authorities and by subsidies on the block grant system. A second objection is that Parliament requires supplies of current and comprehensive information concerning the work of local authorities. This detailed information could be supplied by local authorities on request from the central health authority and the varied work of local authorities would continue to be reviewed annually in Parliament.

controlled or administered on a democratic basis, and that as a compromise both methods have been adopted.

The trend of modern policy has been to place the chief functions of local government in the hands of the larger authorities—the county councils and the county borough councils. The increased duties and services assigned to these authorities in recent years with this end in view have been described. It has also been pointed out in previous chapters that the central authority exercises control over local authorities in a number of different ways. These powers can be broadly grouped as follows:

(1) The promotion of general legislation. The issuing of general orders and regulations, the sanctioning of administrative schemes, and other actions by a local authority requiring departmental consent.
(2) Control over officials (see Part I, Chapter III).
(3) Inspection by central officials.
(4) Confirmation of bye-laws and approval of schemes conferring powers.
(5) The audit.
(6) Control over grants.
(7) Control over loans.
(8) Appellate functions.
(9) Powers of acting in default.
(10) Powers in respect of local legislation.

The central departments concerned with local government are the Ministry of Education, with powers of supervision over public education; the Home Office, concerned with the administration of justice, police, civil defence, fire brigades, and

elections; the Ministry of Transport, dealing with highways and transport services; the Ministry of Fuel and Power, concerned with gas and electricity services; the Ministry of Agriculture, with diseases of animals and some other services connected with agriculture; and pre-eminently the Ministry of Health, which exercises comprehensive powers of controlling most activities of local authorities and is appealed to by them upon occasions of doubt and difficulty.

Most of the ways in which the above powers are exercised by the central authority have been already described. Inspection by central officials is one of the most helpful methods. It is very close in the case of poor law administration where each inspector is assigned to a district and as regards education, where the duty is assigned to His Majesty's Inspectors of Schools. In the past, inspectors of the Local Government Board have promoted public health and have let light into many dark places where unhealthy and insanitary conditions prevailed. This work of inspection has been continued by the medical officers of the Ministry of Health. Mental hospitals are inspected by Commissioners in Lunacy and medical officers of the Board of Control. But the chief value to local authorities of government inspection lies in the help and advice they receive from the inspectors at their visits and frequently results in much improvement without the need for official intervention.

A citizen who considers himself aggrieved by any action or proposed action of a local authority may appeal to a judicial tribunal for redress or to the department of State concerned. In many cases,

however, the subject relates to a scheme or project which involves loan sanction, and the department concerned, usually the Ministry of Health, holds a local inquiry at which persons may attend and give evidence before the inspector. This helps to maintain the democratic character of local government.

A further instance of central control is the power of acting in default, which certain statutes confer upon the central authorities. Section 322 of the Public Health Act, 1936, for example, provides that, if complaint is made to the Minister about a local authority defaulting in the exercise of its functions, or he considers investigation required, he should cause a local inquiry to be held. If satisfied that the council is in default, he may make an order directing them to discharge the functions. If the order is disobeyed, he may transfer the functions to the appropriate county council, except in the case of a county borough, in which case he may transfer the function to himself. A similar provision is contained in Section 171 of the Housing Act, 1936. Like the power of the Minister to withhold or reduce grants, these powers are preventive in character rather than minatory. That they exist is sufficient to keep local authorities in the right path.

Judicial Control

In relation to local government, the practical importance of judicial control is slight in comparison with legislative and administrative control. Parliamentary control is unlimited because Parliament can make new laws. The courts have to accept as valid the legal powers which statute has granted. They can compel the performance of positive duties

and check any attempts of local authorities or government departments to exceed the powers which Parliament has conferred upon them, but they can only interpret the law as it stands. In this country, no special courts have been set up to control administrative authorities in the exercise of their powers, as is the case in France. Here it is sufficient to say that when difficulties are experienced by local authorities and private citizens, the usual remedy is to obtain a decision or advice from the Government department concerned with the particular problem of local government at issue.

At the same time, the Courts assist local authorities in the administration of local government law. Thus, courts of summary jurisdiction make orders of maintenance under the poor law and the law of mental deficiency, orders for children's committal to the care of suitable persons, orders for abating nuisances, closing polluted wells, prohibiting the use of unfit houses, closing overcrowded houses, destroying unsound meat, the removal of persons suffering from infectious disease, etc., and they enforce the liability to pay rates. Certain offences against statutes or bye-laws, for instance, building bye-laws, may require enforcement by the criminal courts.

Yet while for the most part the administration of local government rests with local authorities and government departments, recourse may be had to the courts if a local authority considers injustice has been done to it by a central authority, or if a private citizen considers he has been unjustly treated by a local authority or a central authority. Such appeal is not to be made lightly or without obtaining sound legal advice beforehand, for in the majority of

instances government departments and local authorities are sure of their legal powers, and to say the least of it, local government law is a very complicated matter.

(*Note.* For an account of the law of local government with its many limitations and ramifications, the reader should consult special text-books. Dr. W. Ivor Jennings's admirable *Principles of Local Government Law* will provide a useful introduction to such a study.)

CHAPTER VI

LOCAL LEGISLATION AND BYE-LAWS

LOCAL authorities chiefly derive their powers for establishing local services and imposing duties and restrictions on the inhabitants of the areas they control from Acts of Parliament. The majority of these Acts are applicable to the country as a whole; others are adoptive Acts which can be selected at will by a local authority. In addition, a local authority other than a parish council may promote a private Bill before Parliament for some special object of local government relating to its own area. These local Acts often partake of the nature of an experiment in local government, which if it proves successful may be eventually embodied in general legislation. As Sir W. E. Hart and W. O. Hart[1] remark: 'There is scarcely a local authority of any magnitude which has not obtained from Parliament in this way a whole code of law and a whole scheme of powers peculiar to itself.'

Special legislation of this kind might obviously prove in some instances oppressive to the private citizen and might lead to great divergencies of the law prevailing in different districts. Accordingly, Parliament has devised special machinery, including preliminary consideration by the minister of the department concerned, in order to ensure that new powers are not given by local Acts unless adequate proof is forthcoming as to their necessity and that

[1] *An Introduction to the Law of Local Government and Administration.* 2nd Edn. London, 1938, Ch. XIII, p. 285.

when granted they are properly co-ordinated with existing powers.

Bye-laws

Local authorities are empowered to make bye-laws, that is local laws affecting all persons in the area and enforceable in the courts by the imposition of a penalty. The power to make bye-laws is granted by Act of Parliament, but the ordinary courts can review bye-laws and determine whether or not they have been validly made.

Bye-laws made by county councils and borough councils for 'good rule and government' and 'for the prevention and suppression of nuisances' have to be confirmed by the Home Secretary, but as regards public health matters by the Minister of Health. Uniformity in bye-laws is secured (*a*) by the reference to central government which has experience of local government problems throughout the country and will, therefore, reject any absurd or unnecessary bye-law; (*b*) by the issue by the central departments to local authorities of the sets of 'model bye-laws'. These bye-laws represent the ripe experience of local government bye-law legislation and their validity has not infrequently been tested in the courts. Consequently, although there is no compulsion, there is every inducement for a local authority to adopt a 'model' bye-law instead of endeavouring to frame one of its own, which may not meet with the sanction of the central department concerned, or may not hold good in law. There are some fifty subjects on which bye-laws may be made under the general law; other powers of making bye-laws have been obtained by local authorities under local Acts. Contemplated

bye-laws have to be advertised in the local press and deposited for local inspection by the public in order that they may raise objection if they so wish.

Regulations and Orders

Local authorities have limited powers of making regulations not requiring confirmation by the central authority and also powers of making orders dealing with special matters. Some of these orders are subject to central control. These powers are restricted and not often employed, for Parliament holds that bye-laws with their safeguards are a more democratic form of legislation.

PART II. PUBLIC HEALTH

CHAPTER I

INTRODUCTION

LITTLE more than a hundred years ago the State was just becoming conscious of its responsibilities for national health. The Reform Act of 1832 had given power to remedy long-standing abuses. The Factory Commission of 1833 had let light into the shocking conditions of children employed in the cotton trade. The Factory Act of 1833 limited the hours of work for children, and recognized the need for independent and impartial inspection by officials. A new and effective principle was thus introduced into the control of evils, whether of industry, of poverty, or of insanitation.

This Factory Act did not abolish all the horrible conditions then associated with industrial labour. A boy or girl of thirteen might still be working in the mills from six in the morning till six in the evening for five days in the week. In 1840 'a Lancashire mill-hand had no need to keep his home healthy; his wife could, with absolute impunity, let the babies die; he and she could send their little children to work long hours in mine or factory; and the whole household could live as it chose, though it might be infecting all its neighbours'.

This Factory Act, nevertheless, made a beginning in industrial reform, and the Poor Law Amendment Act of 1834 started legislation in preventive medicine. It was largely inspired by the enthusiasm and

driving force of Edwin Chadwick, the disciple of Jeremy Bentham. Chadwick was the founder of our public health organization, and his memory is kept green by the Royal Sanitary Institute, of which he was an active supporter in its early days and a member of its first council, and by the Chadwick Trust. The first Sanitary Commission to investigate the general sanitary conditions of the labouring population of Great Britain was appointed, and Chadwick was the author of the commission's report. In this report, Chadwick described the shockingly insanitary conditions under which the people lived. It pointed out that the people could not be clean because the water supplies were defective; that the annual loss of life by diseases induced by filth and bad ventilation was greater than the toll of lives exacted by modern warfare; that the physique of the younger population suffered from their bringing up in insanitary surroundings; that the effect upon the adult population was to make them short-lived, improvident, reckless, and intemperate; and that defective town cleansing fostered habits of the utmost degradation. Then followed the Public Health Act of 1848, and the establishment of the General Board of Health, succeeded, first, by the medical department of the Privy Council, with Sir John Simon as chief medical officer, and, secondly, by the Local Government Board in 1871, of which the Ministry of Health is the successor.

Royal Commissions may recommend, blue books may be issued, singlehearted and able experts like Chadwick, Simon, Southwood Smith, and John Snow may expose disease and insanitary conditions and indicate paths of necessary reform, but all this is of

little avail if the public conscience is not awakened to co-operate. This, as we know, is why Chadwick failed with the General Board of Health, through ignoring the Englishman's preference for self-government. 'The English people would prefer to take the chance of cholera rather than be bullied into health', said *The Times*.

The British public in the Victorian age read novels with a purpose, and it was through the books of four novelists—Charles Dickens, Lord Beaconsfield, Charles Kingsley, and Mrs. Gaskell—that the public conscience was impressed and stirred to support health and industrial reform. Preventive medicine owes these writers a great debt of gratitude.

Lord Beaconsfield's novel *Sybil* not only gave an impulse to factory legislation by his account of child slavery in mines, but also depicted the hard lot of the agricultural labourer in the 'forties. What was the condition of the rural town of Marney? 'A collection of ruined hovels, where the labourers lived amid surroundings of indescribable squalor, till pestilence or famine released them from their misery.'

Lord Beaconsfield was exceptionally happy in that he was enabled by his pen to impress upon the nation the importance of public health reform, and subsequently to achieve it as Prime Minister. His Government in 1875 passed the great Public Health Act, the Magna Carta of Public Health, as it has been termed, which consolidated all the previous sanitary enactments into a great sanitary code, This confirmed the compulsory appointment of medical officers of health by local authorities; it aimed at securing the drainage of houses, the

sewerage of towns, the scavenging of streets, the removal of house refuse, wholesome conditions within houses, and the isolation of infectious persons.

Charles Kingsley wrote with burning eloquence of the sweated tuberculous tailors in *Alton Locke*, and of the ravages of cholera in *Two Years Ago*. He devoted much of his active life to advocating health reform.

Mrs. Gaskell, in *Mary Barton*, *North and South*, and *Sylvia's Lovers*, preached the same doctrine.

But the most successful in quickening the public conscience in regard to health abuses was Charles Dickens. Through *Oliver Twist* he brought about the reform of the Draconian Poor Law. As Stephen Leacock writes: 'Tears for an imaginary child like Oliver, were to save the lives of thousands of real children'.

In *Martin Chuzzlewit* he drew two figures of comedy, Sairey Gamp and Betsy Prig, and in doing so he laughed out of life their foul prototypes and gave an impetus to the work of Florence Nightingale in building up an educated and trained nursing profession. He struck a mighty blow against slum property and putrescent burial-grounds in *Bleak House*. Who can forget his description of 'Tom-all-alone's':

> 'It is a black dilapidated street, avoided by all decent people; where the crazy houses were seized upon, when their decay was far advanced, by some bold vagrants, who, after establishing their own possession, took to letting them out in lodgings. Now, these tumbling tenements contain, by night, a swarm of misery. As on the ruined human

> wretch, vermin parasites appear, so, these ruined shelters have bred a crowd of foul existence that crawls in and out of gaps in walls and boards; and coils itself to sleep, in maggot numbers, where the rain drips in; and comes and goes, fetching and carrying fever, and sowing more evil in its every footprint. . . .'

Many enfranchised persons, high and low, rich and poor, read these novels and voted at the next election for health reform.

At first, organized preventive medicine concerned itself chiefly with environmental hygiene. The years 1875 to 1900 covered a long series of progressive reforms under the direction of the Local Government Board, which supervised especially such local government as related to the public health and the relief of the poor. These reforms comprised general sanitary improvements, pure water supplies, pure food supply, provision of isolation hospitals, public vaccination, the supervision of slaughter-houses and common lodging-houses, etc. Local authorities obtained control over housing, powers to condemn slums, and to provide new housing accommodation. Infectious diseases were made notifiable, while port sanitation prevented the admission of fresh disease and plague and pestilence. The good work achieved by state and municipal organization was favoured by the support of voluntary health organizations.

These measures were followed by a great improvement in the national health. One of the greatest boons received in this period was the purity of the water supplies. For centuries, English drinking water had an unenviable reputation. Henry VII, in

the fifteenth century, wrote to Ferdinand and Isabella that the water of England was undrinkable, and, therefore, the young Princess Katherine of Aragon betrothed to Prince Arthur, should be accustomed to drink wine. The water-borne diseases have become negligible. Cholera has been abolished among us and typhoid is now a rarity, though we still have to keep on the watch for epidemics caused by 'carriers'. Personal cleanliness and lessened overcrowding have stamped out typhus, the deadly 'jail fever', which spread from the prisoner in the dock to the judge on the bench. Every second person we meet is no longer scarred with smallpox. The general mortality decline and the improvement in the health of the country were indeed remarkable, when it is remembered that urbanization was on the increase, a process favourable to the diffusion of infection.

As an eminent medical officer of health has observed: 'In 1900 there was no country in the world in which so much had been done by the intelligent organization of public health. England had been the great pioneer of sanitation; all the cardinal discoveries and measures originated here, and for a long time England stood alone in their application.'

It must not be forgotten that the great advances made in medical and natural science contributed largely to administrative progress. For this was the age of Darwin, Huxley and Lister, of Pasteur, Simpson and Koch, of Stephenson and Watt, the first who ever burst into those silent seas of knowledge and revealed new learning in biology, antiseptic surgery, bacteriology, anaesthetics, and engineering science. The skill and experience of the physician,

the surgeon, the obstetrician, the epidemiologist, the architect, the engineer, the lawyer, the statistician, the sociologist, and the veterinary surgeon have all been assembled to constitute the science of public health.

It is true, also, that as medicine progressed, preventive medicine took a new orientation. Before bacteriology was known and applied, defective plumbing was looked upon as responsible for much disease-generation and disease-propagation. Hygienic experts earned an affluent income by being called in to 'smell the drains' in houses where diphtheria or typhoid had occurred. The drains might be incriminated with no leakage of infected sewage into them. The expert took his fee, the plumber remodelled the drainage-system, and the undetected 'carrier' continued to spread infection. Until Koch discovered the tubercle bacillus, many eminent medical authorities regarded pulmonary tuberculosis as incapable of spread from one person to another. *But when the microbic etiology of disease was* revealed, individual hygiene assumed a new importance for the public weal. It had, of course, not been entirely neglected before and during the environmental hygiene period: witness the sanitary edicts of the eighteenth century against plague and tuberculosis, the isolation of patients suffering from acute infectious diseases, and the interesting work on 'contagious diseases', issued by the Clinical Society of London.

The succeeding trend of preventive medicine from the reign of King Edward VII onwards, has been in the direction of preventing the personal transmission of disease in human beings. Progress in

environmental hygiene has not stood still. There have been a number of Housing and Town Planning Acts and factory legislation.

Public health now enlarges its activities by taking the individual in hand, by promoting facilities and education for keeping him healthy, and by treating disease in the individual in order to safeguard the community.

The State made an important contribution to this wider interpretation of public health by introducing school medical inspection in 1907.

There have been further steady and rapid advances in preventive and curative medicine. They have gradually brought all agencies for promoting national health into closer and more helpful control. The tuberculosis work of local authorities includes both prevention and cure; in the child welfare and maternity services the clinician works side by side with the hygienist; the insurance medical service was designed for the prevention as well as the treatment of disease and was working in closer relation with the public health services. Lastly, the Local Government Act of 1929 greatly increased the hospital resources of county and county borough councils and provided for a more intensified co-operation between municipal and voluntary hospitals in a joint war against disease. Thereby the administrative responsibilities of county and county borough medical officers of health have been greatly augmented and extended. It is to be observed, also, that the establishment of the Ministry of Health by the passing of the Ministry of Health Act in 1919 has largely contributed to this wider outlook upon public health. This Ministry is now a central

authority of comprehensive health services which is interlinked and intimately co-ordinated not only with local authorities and the multiple health bodies of Great Britain, but is linked internationally with the health services of the whole world. 'It aims at bringing every advance in medical science, every measure calculated to maintain health and to prevent disease to the service of the people, and to make health the birthright of every inhabitant of this country.' The Ministry's influence in this respect is greatly strengthened by the ungrudging help and advice which the Minister receives, not only from other Government departments, including the Medical Research Council, but also from the representative bodies of the medical profession and a host of voluntary societies and associations concerned with various aspects of public health.

In modern times, conspicuous advances have been made in medical knowledge, and these, in turn, have enhanced the potentialities of preventive medicine. Mention may here be made of the wider recognition of deficiency diseases and the new and ever-increasing knowledge of vitamins. Closely associated is the successful treatment of pernicious anaemia by liver therapy. Still another biochemical triumph was the discovery of insulin in 1922, which revolutionized the treatment of diabetes, while the work on endocrines is opening out new lines of research. The study of chemistry of the blood has advanced the knowledge of metabolic disease. Fresh discoveries are recorded in neurology, psychiatry, heart disease, and many other branches of medicine. The sulphonamide preparations and penicillin have reduced the mortality from a number of diseases and typhus

can now be prevented. Orthopaedic surgery is preventing the onset of crippling, and treating cripples with new knowledge and new methods. Collapse therapy has achieved success in the treatment of pulmonary tuberculosis. In the most difficult problem of cancer, important ground has been gained. Local authorities are co-operating with the Ministry of Health, the Radium Commission, the British Empire Cancer Campaign and the voluntary hospitals in more adequate and wider measures; the Imperial Cancer Research Fund is organizing research on a more comprehensive scale; radium and deep X-ray therapy are being increasingly employed, and atomic fission, whose destructive effects were demonstrated in the concluding stages of the Japanese war by the atomic bomb, may, by future research, be applied more legitimately to the cure of cancer and other deep-seated diseases. The vital importance of medical research has been recognized by the creation of the Medical Research Council, which has now over thirty years of successful achievement to its credit.

Everyone must feel pride in this pageant of preventive medicine. So much has been gained; so much health, vitality, and happiness have replaced destitution, ignorance, and despair.

Nevertheless, success should not make us self-complacent, but rather spur us on to further endeavour. The difficulties of the work in preventive medicine that lie ahead must not be underrated. For preventive medicine has not only to take account of new discoveries which at any moment may change the outlook on and methods of approach to a particular problem, but it has also to deal with a constantly

shifting scene and population which bring new enigmas and new menaces.

Preventive medicine no longer has the comparatively simple task in a particular area of dealing with sanitary evils and disease, of improving individual and environmental hygiene, and of introducing the next generation to a better state of things. Populations are shifting, urbanization is increasing; the internal combustion engine and modern methods of transport have accelerated the speed of life. The human machine is often driven so hard that it breaks down. Nervous breakdowns and mental disease give us cause for anxiety and cannot be dissociated from modern conditions of life, whilst from time to time disease baffled in one form breaks out in another.

Over and above these new difficulties and dangers, the health administration of local authorities has to consolidate the work done and to keep the old and proved defences in repair, lest at any time the lurking enemy may make a breach in them. Preventive medicine has thus a hard campaign before it in a changing world.

An account will now be given of the ways in which local authorities administer their responsibilities for the maintenance of the public health. Their functions in this respect are not only the most numerous, but also the most important.

CHAPTER II

THE ADMINISTRATION OF PUBLIC HEALTH

THE public health administration of the council of a local authority is entrusted to the Public Health Committee. But inasmuch as public health administration is based on medical and scientific knowledge and is an application of that knowledge to serve the needs of the community, the Public Health Committee is dependent to a great extent upon the advice which it receives from its medical officer of health and the day-to-day administration of public health rests with him.

The Medical Officer of Health

The post of medical officer of health of a county or county borough to-day is one of great importance and responsibility, and the signs of the times are in favour of augmenting its duties and influence rather than curtailing them. Like many another blessing of this progressive age, medical officers of health have become an essential feature of our social structure, so essential indeed that no enlightened citizen can visualize being without them. Yet the first medical officer of health was appointed only a century ago and the appointment has only been a compulsory one within the lifetime of many of us. This official's functions have both increased and altered in a comparatively brief space of time. In the strong light of an active hygienic and medical interest, the status of the medical guardian of the

public health has taken on a new meaning, and his primary simple activities have been reorientated into complex and multiple directions.

Early Appointments

One of the recommendations of the Royal Commission of 1843 was the appointment of skilled officers by local authorities. In 1846 the town council of Liverpool appointed Dr. William Henry Duncan as the first medical officer of health in this country. In 1848 the corporation of the City of London, under the City Sewers Act granted by Parliament in that year, appointed Sir John Simon. He served from October 1848 to October 1855, and was the first medical officer of health to write annual reports. In 1855 legislation required that medical officers of health should be created for all districts of the metropolis. These appointments were sought by highly qualified and, in some cases, already distinguished members of the medical profession. Reform moved slowly in those deliberate Victorian days, and it was not until the famous Royal Sanitary Commission of 1869–71 that the recommendation was made 'that every local authority should have at least one officer of health, being a legally qualified medical practitioner, or possessing such other qualification in medical science as shall be declared by the central authority to be satisfactory'.

Obligation of Local Authorities to appoint Medical Officers of Health

As one of the results of the Royal Commission's work, the Local Government Board was founded in

1871, and in 1872 local authorities such as urban district councils, rural district councils, etc., were set up and the general appointment of medical officers of health by each local authority became obligatory. This requirement was also included in the great consolidating Public Health Act of 1875. Later, degrees and diplomas in Public Health were instituted. These increased the professional status of the medical officer of health. The Local Government Act of 1888 laid down that, unless he had held one of certain offices prior to 1 January 1892 no person should, after that date, be appointed medical officer of health to a county or district of 50,000 inhabitants or over unless he was the possessor of a registered degree or diploma in public health, sanitary science, or state medicine. The latest regulations of the Ministry extend this requirement without qualification to all sanitary districts whatever their size. It is of interest to note that the Royal Commission had proposed a close co-ordination if not a fusion *of the duties* of *medical officer of health and poor* law medical officer. In rural districts the medical officers of health were to be, as a rule, the poor law medical officers acting in their respective medical districts and where this was not practicable or expedient, the relation of the medical officer of health and the poor law medical officer to each other were to be arranged by the local health authority with the approval of the central authority. This combination of duties only obtained in a number of small areas, and co-ordination had to wait for the wider measure—the Local Government Act of 1929.

The large urban authorities and in some instances

combinations of authorities (urban or urban and rural) made whole-time appointments. The smaller authorities made part-time appointments, often at grossly inadequate salaries. Nevertheless, great progress was made in public health, particularly in environmental hygiene. For a time, however, it must be admitted that the medical officer of health was regarded as a sanitary official chiefly occupied with administration and as having little concern with clinical medicine and the problems of disease, except in connexion with infectious fevers.

Appointment of County Medical Officers of Health

Preceding legislation had in many cases resulted, not in the combination of districts served by a whole-time medical officer of health, which was advocated, for example, by Sir John Simon, but in numerous petty appointments of medical officers whose interest and outlook were necessarily confined to the needs of their own district. A larger and more co-ordinated local authority was needed for public health administration and the creation in 1888 of county councils on an elective basis, with the formation of counties and county boroughs, provided the opportunity. To these new authorities county medical officers of health could be appointed by the Local Government Act of 1888. The appointments were made obligatory by the Housing and Town Planning Act, 1909. The duties of county medical officers then were light, light indeed compared with what is required of a county medical officer of health to-day, for at first the public health powers of county councils were extremely limited.

The School Medical Service and the Special Health Services

The institution of the School Medical Service in 1907 and the subsequent establishment of the special health services, tuberculosis, maternity and child welfare, and venereal disease, enlarged the health powers of county councils and county boroughs and enhanced the status of their medical officers of health. The Local Government Act of 1929 once more gave the medical officer of health new duties and wider medical responsibilities. The Boards of Guardians of 1834 gave place to the Public Assistance Committees of the councils, and the Public Assistance Order lays down that the medical officer of health shall be the medical adviser of the public assistance committee, and he is now, as a rule, the chief medical administrator of both appropriated and public assistance hospitals. The county medical officer of health is the chief administrative officer for all these health services. He has assistant medical officers as assistants in administration, as clinicians, and as resident medical officers in charge of institutions for the treatment of disease. The whole system is, or should be, linked up with the work of general medical practitioners and with voluntary hospitals and other forms of voluntary health endeavour. Mention has already been made of the arrangement by which frequently the medical officers of health of urban and rural districts are also part-time medical officers of the county council for their areas. (See p. 19.)

Duties of the Medical Officer of Health

The post of medical officer of health is one of great

responsibility and importance; he is the executive officer for progress, maintenance, and reform in public health. His duties in the large areas are purely administrative, although he should have good medical degrees and clinical experience in order to appreciate the problems which come before him. In smaller areas (small county boroughs and urban districts) he may find time to do a certain amount of clinical work as tuberculosis officer, etc. It has sometimes been suggested that the medical officer of health might be relieved in whole or in part of his administrative duties by the appointment of a lay Director of Public Health as is done in the United States. Such an arrangement would give the medical officer of health more time to deal with medical affairs in his region. So far this suggestion has not found favour with the Society of Medical Officers of Health and other medical bodies.

Criticisms of the Service

Certain criticisms have been made of the service and are as follows:

(1) With a number of brilliant exceptions, it does not attract the best men in the medical profession; these, as a rule, are more attracted by clinical work (medicine, surgery, and obstetrics), physiology, and pathology. Another reason is that medical students are not trained to appreciate the importance of public health and preventive medicine, or the interest and value of medical appointments in public health. This defect can be remedied by reshaping medical education.

(2) It is sometimes said that the medical officer of health tends to be a bureaucrat and out of touch with his professional brethren engaged in actual practice. Consequently he cannot enter into their problems and difficulties and does not command their respect. This very much depends upon the man who holds the position of medical officer of health. On the whole, the relations between the different branches of the profession are excellent and even an M.O.H. of mediocre abilities, if he strives to be helpful, will earn the goodwill of the general practitioners in his area.

(3) A local authority does not always select the best man as M.O.H. from the list of candidates. Local politics, local influence, and personal likes or dislikes come into play. An M.O.H. may be appointed by a health committee of a council without taking any medical advice as to the merits or demerits of the respective candidates.

(4) A good man may be unsuccessful in obtaining transference to a larger area where his abilities would have larger scope.

Staff of the Medical Officer of Health

The medical officer of health of a county or county borough has a number of medical officers on his staff for the special services which he directs and controls as chief administrative officer. Thus, in addition to a deputy and one or more assistant medical officers, he has tuberculosis officers, maternity and child welfare medical officers, school medical officers, venereal disease medical officers, medical officers

of hospitals, sanatorium and infectious disease hospitals, etc., under his control. In most cases the sanitary inspector works under his direction and the health visiting and nursing staffs of the area are under his administrative control. In addition there may be a consulting staff of specialists, whole- or part-time, and for seaports one or more port medical officers. In the majority of cases, the Ministry of Health require these medical officers to have special qualifications and experience prior to their appointment by a local authority. In bygone days the medical officer of health was his own bacteriologist, but in most large areas there is now a county laboratory staffed by whole-time pathologists. The Medical Research Council, with the co-operation of the Ministry of Health, have greatly helped the pathological work of local authorities by establishing a public health laboratory service throughout the country.

All this organization means that the medical work of the public health service must, as far as is possible, reach a high standard of competence and efficiency.

The Sanitary Inspector. Sanitary inspectors must hold the certificate of the Royal Sanitary Institute and Sanitary Inspectors Joint Examination Board. Before admission to this examination, they must first produce evidence of having attained a proper standard of general education; secondly, they must have attended a course of lectures and demonstrations given at an approved institution; and, thirdly, they must have had practical training in the duties of a sanitary inspector for one year, some reduction in time being made in the case of men who have had at least three years' practical experience in one or other of the building crafts. In addition to possessing

the qualifying certificate, most inspectors obtain the certificate of inspector of meat and other foods granted by the Royal Sanitary Institute. Every borough, urban and rural district council must appoint one or more sanitary inspectors. The salary varies with the size of the appointing authority.

The sanitary inspector is given similar security of tenure to that of a medical officer of health. His work is chiefly concerned with the inspection of the district and with the detection of nuisances. House inspection and food inspection occupy a large portion of his time. He may also be directed by his local authority to supervise the scavenging of the district and to perform specified duties under various Housing and Public Health Acts.

The sanitary inspector is an important official, for by his competence and efficiency the environmental hygiene of the district is largely maintained and secured. He serves both statutory and informal notices concerning sanitary defects. But his main strength does not lie in the legal powers with which he is entrusted. By his discretion and tact he can often effect improvement and reforms, abate nuisances and elevate the standard of sanitation in his district without bringing negligent persons before a court of summary jurisdiction. He can become the friend and adviser of the ratepayers in business and domestic sanitation, and in this way will find it much easier to detect sanitary evils in an early stage and to see that they are remedied.

CHAPTER III

SANITATION AND WATER SUPPLIES

Sanitation

It has been observed in Chapter I of this Section that the improvements in national sanitation executed by local authorities have greatly improved the state of public health. A brief account will now be given of the sanitary services for which local authorities (in the main county boroughs, boroughs, and urban and rural authorities) are responsible.

Drainage

It is the duty of every town council, urban district council, or rural district council to provide sufficient sewers for the needs of their district. A sewer need not be provided within reach of every dwelling, as where buildings are comparatively scattered in country districts, it is possible to dispose of sewage and other waste liquids by private sewage disposal plants, cesspools, etc. Sewers are often provided in the first place by private persons in laying out housing estates or in erecting buildings, but the local authority has to see that the owner maintains them free from nuisance. Private sewers by the Public Health Act of 1936, need not be taken over by the local authority unless they elect to do so, or unless on appeal the Minister of Health decides that they are now of the nature of public sewers for which the local authority should be responsible. The obligation to maintain drains and proper sanitary accommodation rests upon the owner of premises, and the

local authority can compel the proper performance of this duty.

There are a number of Acts dealing with the drainage powers of local authorities. In addition to the consolidating Public Health Act of 1936, there are provisions in the consolidating Housing Act of the same year, and the Town and Country Planning Act, 1932, is also concerned with the provision of proper sewers. Various Acts of Parliament deal with river pollution, the general effect of which is to preclude either local authorities or private persons from discharging sewage into rivers or streams until it has been properly treated. It is important that members of the committees dealing with these subjects and the officials should be acquainted with these various powers and co-operate with one another.

In county boroughs and urban districts a large part of the time of borough engineers and sanitary inspectors is occupied with the supervision and inspection of drains and sewers, their efficient construction and maintenance and sewage disposal plants and sewage farms for the proper treatment of sewage and the production of a safe effluent, are a considerable charge on urban rates.

Disposal of Refuse. Cleansing

Scavenging is an old and important duty of local authorities and of late years the cost of this service has much increased. Accumulations of house refuse in open heaps or ash-pits in gardens or back yards are no longer looked upon as proper methods of disposal, and the householder expects the local authority to remove his refuse at frequent intervals

and preferably in covered motor-vans. To aid in the prevention of nuisances, local authorities are legally bound to dispose of house refuse at the public charge. They are not bound to dispose of trade refuse, but the trader usually arranges to pay the local authority to dispose of such refuse.

Refuse may ultimately be disposed of by dumping or, in seaport towns, by being dumped into the sea, or by burning. The last-named is the most satisfactory method and most large towns have now a destructor for this purpose.

Cleansing of the streets is another responsibility of the borough or urban authority. In large towns the streets are kept clean by sweeping during the day and washing down at night. The modern construction of roads with impervious surfaces, has increased the cost of cleansing, as special drains and sewers have to be constructed and maintained for this purpose.

Water Supplies

An adequate supply of water is a necessity of human life. It is required for drinking and personal cleanliness and for various sanitary purposes and trade and manufacturing processes.

Many local authorities own water supplies and distribute it in their districts, but there are also important water undertakings conducted by incorporated companies armed with statutory powers. London and parts of Greater London, for instance, are supplied with water by the Metropolitan Water Board. In some areas, there are smaller undertakings belonging to private persons. The water supplies of cities and towns in Great Britain are

plentiful and adequate and piped supplies are laid on to each dwelling-house. In rural districts, supplies are often from local wells and springs, some of which may fail in a dry summer, and some of which again are liable to pollution. The Ministry of Health have under consideration plans for improving water supplies in these districts. The White Paper on a National Water Policy (Cmd. 6515, H.M.S.O.), which was laid before Parliament on 18 April 1944, foreshadowed the introduction of further legislation on water supplies. This was done by the Water Act, 1945, a comprehensive measure. In this Act the Minister of Health is given the specific duty of promoting the conservation and proper use of water resources and the provision of water supplies in England and Wales; and of securing the effective execution by water undertakers, under his control and direction, of a national policy relating to water.

It must be remembered that local authorities and other water undertakers are not only responsible for supplying an adequate water supply to the inhabitants of the area served, for maintaining reservoirs, wells, springs, and water-mains, and seeing that they are properly looked after and protected, but they must take care that the water is pure, fit for drinking purposes, and free from pollution. Contaminated water may be a vector of disease; it may give rise to an outbreak of typhoid fever, as occurred at Croydon in 1937. Consequently, a careful watch must be maintained by chemical and bacteriological analyses on the condition of the water. To ensure this, the engineers of water undertakings must co-operate closely with the medical officer of health

and see that water samples are sent to him for bacteriological analysis regularly.

Recent experience has shown that the possibility of contamination of water supplies hitherto regarded as above suspicion cannot be overlooked. When the source of the water supply comes from wells in the chalk or from springs in the carboniferous limestone, risk may arise of the supplies being polluted through sewage from cesspools or defective drains percolating to the source from cracks in the chalk or fissures in the limestone. Water polluted in this way in several instances has caused small outbreaks of gastro-enteritis in persons who have drunk it. Such outbreaks may include a certain number of cases of typhoid or paratyphoid fever. Another risk of contamination is heavy rain, which may wash sewage along with the 'storm water' and thus temporarily contaminate a water supply. Not only water-drinkers may be affected, for there is also the danger that polluted water may be used, for example, in washing churns and bottles and thus contaminate the milk supply. It is, therefore, incumbent on medical officers of health to keep a close watch upon the purity of the water supplies, particularly in the case of the supplies to new housing estates having cesspool provision. Frequent and regular analyses should be made on the lines laid down in the Ministry of Health's *Report on the Bacteriological Examination of Water Supplies.*

If any signs of pollution appear, appropriate emergency measures are taken and search made for the source of pollution, with a view to its elimination or the adoption of suitable protective measures.

The greatest safeguard against these dangers is

chlorination of the water supply and many local authorities now employ this protective method as a routine.

Baths, Washhouses, and Swimming Baths

Local authorities under the Public Health Act, 1936, have powers to provide baths and washhouses and swimming baths and bathing-places, together with powers to make regulations and bye-laws relating to the sanitation, conduct, and use of these amenities. In rural parishes these powers are conferred directly upon the parish council. The Physical Training and Recreation Act extended these powers, so far as they relate to the provision of public swimming baths or bathing-places, to county councils and conferred powers of compulsory purchase for these purposes on all local authorities except parish councils.

Regular analyses are made of the water of swimming baths to maintain its purity and the water is filtered and chlorinated. This legislation has greatly improved the standard of swimming baths, and has diminished the risk of ear disease and other ailments among bathers Not only has the improvement been seen in municipal undertakings, but the owners of private swimming baths have consequently realized that it is to their own interests to maintain similar good hygienic standards.

CHAPTER IV

HOUSING

THE proper housing of the working-class members of the community is a problem which has existed for nearly a hundred years, for it dates from the industrial revolution when jerry-built houses were erected by the speculative builder in the towns to accommodate the labourers and their families, who flocked to them attracted by the better wages offered in the new industries. As the quotation from *Bleak House* in the introductory chapter to this section indicates, these houses were badly constructed, soon fell into disrepair, were grossly overcrowded, insanitary, and bred disease. In this way were made the slum areas of the towns. Slum-dwellers show a consistently higher death rate than the community at large. In Manchester, for example, this rate was over 17 in the clearance area and less than 13 for the city as a whole. The slum death rate of any industrial town is nearly double that of the average artisan district.

Public health work has supplied sanitation and has diminished disease, and it early concerned itself with housing. Acts passed between 1851 and 1875 gave local authorities powers to make bye-laws for the control of the erection and maintenance of dwelling-houses and to secure the closing of buildings unfit for human habitation. Following on the Royal Commission of 1884, the Housing of the Working Classes Act, 1890, greatly augmented the previous powers of local authorities by enabling them

to clear unhealthy areas, to close and, if necessary, demolish separate unhealthy dwellings and to provide new dwelling-houses for the working classes. This Act is the model and basis of all subsequent housing legislation.

Local Authorities for Housing

The local authorities for housing are borough and district councils, and in London the London County Council and the Common Council of the City of London, though in certain matters the metropolitan borough councils have powers in place of the county council. In rural areas the county council has the duty of keeping constant supervision over the housing activities of rural district councils and, by agreement, may accept all or any of the responsibilities of a rural district council for housing. If a rural district council defaults in its housing activities, the county council after local inquiry, or the Minister of Health, may make the county council responsible. Rural district councils are comparatively poor, and it is often an advantage for such a council either to transfer its housing powers entirely to the county council or to take advantage in various ways of the county council's superior financial resources, for instance, in borrowing powers, for its own housing responsibilities.

Central Control

At the time of writing, the control and policy of housing remains with the Minister of Health as regards England and Wales, and the Secretary of State for Scotland. The Ministry of Works acts as the supply department for the building industry as

a whole. With the advent of the Labour Government in 1945, it had been intended to revive the oft-mooted project of removing housing from the overburdened Ministry of Health by setting up a Ministry of Housing and Planning, but as this would entail legislation and consequent delay, the project is in abeyance for the time being. The Ministry of Works continues to be responsible for prefabricated and temporary houses.

The War of 1914–18

During the war of 1914–18, the erection of houses both by local authorities and by private enterprise had to be suspended. This produced a great shortage of houses. There were numerous Housing Acts which recognized two important facts: (1) that local authorities required increased grants out of public funds for the provision of houses for the working classes; and (2) that for decent and proper housing a subsidy must be given, as many of the workers could not afford to pay the full rent out of their earnings. It was only after much experiment and after great expenditure, for building costs rose considerably for some years after the war, that the housing shortage began to be overtaken.

The Years between the Wars

Had the population remained stationary in the inter-war years, there would not have been enough houses, but the population was increasing and at the same time families individually were fewer in number. In the years between 1921 to 1937, the population of Great Britain rose from 42¾ millions to 46 millions. This augmented the problem. The

Housing Report of the 1931 Census states that in the ten years from 1921 to 1931 in England and Wales, 1·6 million new private dwellings were built, apart from partitioning houses into a number of private dwellings. There was an excess of 1·4 million of new dwellings over those demolished or converted to other uses. The number of dwellings in England and Wales increased to 9·4 millions, but the number of families had increased to 10·2 millions. The total population of England and Wales had increased by 5·5 per cent, but the number of families by 17·1 per cent. Thus more families required separate houses, but the numbers in a family were fewer than in the past.

Housing Duties of Local Authorities

The Housing Act of 1936 included the important Housing Act of 1935, which *inter alia* attempted to remove overcrowding, and a large part of previous Housing Acts. It is a consolidating Act and under it, together with certain unrepealed parts of earlier Housing Acts, local authorities exercise their functions as follows:

(1) They see that the individual house is reasonably fit for human habitation and is maintained by the landlord in a fit sanitary condition. New back to back houses are illegal. Bye-laws can be made for this purpose, and in certain circumstances local authorities may advance money for repairs to houses.
(2) They can clear groups of unfit houses or areas in need of demolition and reconstruction, and may compensate landlords in the area who

have kept their property in repair. They can also clear whole areas and purchase the land compulsorily, compensating the owner according to the condition of the houses.

(3) They may require the demolition of obstructive buildings which are dangerous or injurious to health through contact or proximity to other buildings.

(4) They may purchase land for redevelopment, and provide on it houses for the working classes.

(5) They must take effective steps to abate overcrowding in their district. Overcrowding is defined in relation to the number of persons sleeping in the house and by reference to a scale of accommodation scheduled in the Act. An occupier or landlord permitting overcrowding commits an offence and is liable to proceedings before a court of summary jurisdiction.

Special provision was made in the Housing (Rural Workers) Acts for government grants to recondition country cottages.

It will thus be seen that the powers of local authorities in relation to housing are wide and extensive; by their application considerable improvement was effected during the inter-war years. Housing is not only a question of building, of demolition, recondition, and repairs. Questions of sanitation, public health, and overcrowding bulk largely, and the most satisfactory results in housing are secured by those local authorities who made full use of the advice and administration of their medical officer of health in these matters.

The War of 1939–45

The objectives of the national housing policy may be broadly defined thus: (*a*) the eradication of the slums; (*b*) the abatement of overcrowding; (*c*) the provision of new houses at as low a rent as possible. The advent of the second world war checked this desirable policy, which is of vital concern to the public health. Again the erection of new houses, for the most part, had to be discontinued and at the conclusion of the war the country was faced with the most acute housing shortage that has ever existed. The reasons for this are fairly obvious. There were six years without new houses, and many existing houses have deteriorated and fallen into disrepair. Houses, like human beings, have an allotted span of life. It has been estimated that this amounts, on the average, to 75 years, and that the annual rate of replacement amounts to 150,000 houses. This estimate does not take into account arrears of replacement which come to several thousands of houses per annum. Immigration to this country and internal migration among the population are sufficient to double this annual figure of 150,000 without taking into consideration any change through an increase in families. Over and above all this, the problem has been intensified by the destruction wrought by the war, for many houses have been destroyed or partly demolished by enemy action. Taking London alone, Lord Woolton, then Minister of Reconstruction, on 15 September 1944, stated the magnitude of the London housing problem caused by air raids (including flying bomb attacks). In all, 107,000 houses have been destroyed; 170,000 houses were seriously damaged and stood in need of repair;

700,000 houses have received first-aid repairs, but needed further work to make them reasonably comfortable. Emergency arrangements were made to house 10,000 people in requisitioned and reconditioned houses, and many more in 10,000 huts. Bombed-out members of a family have had to find homes in other people's houses. They will need new houses. There have been many war marriages, and demobilized men and women look for houses of their own in which to start their deferred married lives.

The ageing population will increase the demand for separate homes.

A point that is often forgotten by the general public is that all new houses, including prefabricated houses, require drainage, connection to sewers, water supplies, gas and electricity. These services demand labour, take time, and are expensive. The delay in providing houses frequently arises not on account of the actual house provision, but because of the local difficulties in obtaining materials and labour for the above indispensable services.

An interregnum was foreseen covering the first two years after the war when transitional difficulties will make it necessary to include in building schemes a variety of emergency measures to relieve the nation's most pressing needs, for example, by the provision of prefabricated houses; this will be followed by ten years during which four million new houses will be erected. Housing must take priority, and work on housing will occupy much of the work of local authorities in the immediate future.

CHAPTER V

THE HEALTH SERVICES

WITHIN recent times the larger authorities—the counties and county boroughs—have been given much greater powers as guardians of the public health. They are responsible for the individual health services, the maternity and child welfare services (for the most part), the public assistance medical service, the tuberculosis and venereal disease services, the cancer service, the orthopaedic service, the hospital services (including to some extent pathological services).

The Ministry of Health has initiated these services by promoting legislation which makes these services a duty of the county councils and county borough councils, and by administering the government grants in aid of them. The cost of the services is thus defrayed partly by the State and partly by local rates.

The Ministry lays down the lines on which these services are administered by the local authorities, approves the scheme of work, inspects the services through its medical officers and by health surveys sees that a proper standard of efficiency is maintained, having regard to the individual authority's resources and needs. In Wales, the Welsh Board of Health is part of the Ministry of Health while the Secretary of State for Scotland, through the Department of Health for Scotland, exercises similar functions to those of the Minister. But the actual work is done by the county council and the county

borough council with the advice of their medical officers of health.

The National Health Insurance Service, up to 1945, was administered centrally by the Ministry of Health and locally by Insurance Committees for each county and county borough.

The education services of England and Wales are administered centrally by the Ministry of Education, but the actual executive work is controlled by the education committees of the local authorities, for the most part committees of the county and county borough authorities. The Ministry of Education supervises national education, inspects the work and gives grants in aid. The relationship of the Ministry to the local education authorities is very much the same as the relation of the Ministry of Health to the local authorities. The Ministry of Education controls the school medical service and the local education authorities are in charge of the executive work.

Co-ordination with the health services is effected *in two ways. Centrally, the chief medical officer* of the Ministry of Health is also chief medical officer of the Ministry of Education and directs the medical staff of the Ministry. Peripherally, in all but a few instances, the medical officer of health of the local authority is also the medical officer in administrative charge of the local school medical service.

Our tradition in England has been to develop and build up special health services independently, and then, afterwards, to devise methods of co-ordination between them. The machinery for doing this is often cumbrous and complicated, but on the whole it works well.

Certain health services in England are still retained

by other Government departments and branches. For instance, the Ministry of Labour and National Service is responsible for industrial hygiene and the control of health in factories. The Medical Research Council directs medical research in Great Britain. The Service departments have their own medical services. In various ways the health activities of all these bodies are closely co-ordinated with those of the Ministry of Health. This is also true of international health work. The Ministry, before the war, was represented on the Office International d'Hygiene Publique, and on the Health Committee of the League of Nations, and it is now in close touch with the work of U.N.R.R.A.

This, then, is briefly the organization of health services in England and Wales. It is a complex organization, resting not so much on legislative enactments and bureaucratic control as on public-spirited activity and individual effort directed towards improvement of the national health. It is a system which is peculiarly suited to the democratic principles of our peoples. When one delves into the origins of these various health services one finds that they arose originally through voluntary effort in isolated areas. The State watched these experiments with interest, and when they were seen to be useful and important, it adopted them, extended them, and developed them, in the interests of the whole community. In many cases, e.g. in the hospital services, the State continues to aid voluntary health activities and links them up with the work of local authorities. In the area of a county council or county borough the following is the form of organization which the health services are tending

to assume: the County Medical Officer of Health as the chief administrative medical officer; the Assistant Medical Officers as assistants in administration, as clinicians, and as resident medical officers in charge of institutions for the treatment of disease. The whole system is or should be linked up with the work of the general medical practitioners, and with voluntary hospitals and other forms of voluntary health endeavours. We may now consider these services in more detail.

Maternity and Child Welfare

In course of time, and by the evolutionary process just mentioned, the State has assumed responsibility for the health of the individual, not only from the cradle to the grave, but for the child before he is born. There are threefold problems of maternity which have been the concern of the State for over twenty years.

(1) The potential fertility of married women is not yielding its due proportion of births. In other words, the nation is not, on the basis of its marriage rate, getting its due proportion of new lives. This is due, of course, in part to the standards enforced by a higher civilization and to other profound social conditions which lie outside the sphere of preventive medicine. It is not a feature of British civilization alone. But it is partly due to the hazard and uncertainty of childbirth and to the absence of facilities and preparation for it. Preventive medicine has a certain responsibility for the survival of the race.

(2) Secondly, there has been an appreciable death rate associated with childbirth affecting both the mother and the child.

(3) Thirdly, there is the serious burden of married women's disablement and invalidism, due to lack of knowledge, and to insufficient or unskilful medical and midwifery attendance. 'Much of the suffering entailed in maternity, much of the damage to the life and health of women and children would be got rid of if women married had some knowledge of what lay before them, and if they could obtain medical advice and supervision during the time of pregnancy and motherhood.'

There has been steady and satisfactory progress in the provision of complete maternity schemes by local authorities. Such a scheme includes:

(*a*) An adequate medical, midwifery, and nursing service;
(*b*) The satisfactory and sufficient nutrition of the mother;
(*c*) Maternity centres providing ante-natal supervision;
(*d*) Maternity home and hospital accommodation;
(*e*) Domestic aid before, at the time of, and after childbirth;
(*f*) Maternity benefit and other financial aid in certain cases; and
(*g*) Early notification of births and stillbirths.

And it is desirable to emphasize also the provision of post-natal care and gynaecological clinics.

The Midwives Act of 1936 set up a comprehensive service of salaried midwives by local authorities. Every expectant mother, whatever her financial position, is now able to secure the services of a trained midwife for her confinement, or if she has engaged a doctor, she is able to obtain a trained midwife to act as maternity nurse and to assist the doctor. Medical practitioners with skilled obstetric experience can be called by midwives in cases of difficulty or danger and the doctor's fee is paid by the local authority.

That these measures are exercising beneficial effect, together with the use of the sulphonamides and other forms of chemotherapy in puerperal sepsis, and improvement in the nutrition of expectant mothers, is shown by the progressive decline in the maternal mortality rate per 1,000 live births during the past four years. In 1935 the rate was 4·11; by 1942 it had fallen to 2·47.

Extensive national work has been done in the reduction of infantile mortality. Associated with the maternity service just described are child welfare centres throughout the country for consultations, home-visiting, and the help and guidance of the mother, and for the supervision of infancy and childhood up to five years of age. By the end of 1937 there were 3,462 municipal and voluntary centres in England and Wales. Of the 477,903 children who attended at the English centres for the first time during the year, 357,121 were under one year of age. There are infant treatment centres for certain special ailments, but for the most part mothers are encouraged to take the child requiring treatment to a private practitioner. Health visitors visit the

homes and encourage mothers to bring their children to the centres. Increasing accommodation is being provided in day nurseries, nursery schools, and infant homes and for the sick child in hospitals.

More can be done in the development of maternity and child welfare work, but the benefits reaped by the nation from this State service are already remarkable. In 1900 the infant death rate for England and Wales was 156. In 1938 it had fallen to 53 and in 1942 it was as low as 49.

The School Medical Service

When the child at five years old leaves the fostering care of the child welfare service, his health becomes the care of the School Medical Service. This service, established in 1907, is designed 'to improve the health conditions both personal and in regard to environment, of the children of the nation', and to endeavour to secure 'the physical improvement, and as a natural corollary, the mental and moral improvement of coming generations'. It introduced school medical inspection, which has developed into treatment of schoolchildren, including medical, dental, and orthopaedic clinics, the sanitation of school premises, systematic physical training, provision of milk and school meals, and special education for defective children, blind, crippled, mentally deficient, with the appointment of school doctors and of school nurses to visit the homes, and to impress upon parents the importance of seeking medical advice for their children when required.

Space only permits of mere enumeration; but it is an impressive catalogue of great social progress. In successive reports of the chief medical officer of

the Board of Education it has been shown how medical inspection of schoolchildren has separated the impaired and defective children from those that are normal and healthy, how arrangements have been made for attending to the health of both sick and healthy children, how many morbid conditions have been reduced, how the general physique of schoolchildren has improved, and how, in addition to direct medical results, the teaching of hygiene and cleanliness, the physical training and the provision of milk and school meals have reformed the physical condition of the children of this land beyond all comparison with the past. A health conscience has developed both in the children and in their parents.

National Health Insurance

Time marches on and the shades of the prison-house of life's work begin to close around the growing boy. The boy and girl leave school, and as they enter into industrial life their health still remains a national care. They become insured under the National Health Insurance Act.

In this Act, which was passed in 1911, the State provided a system of insurance against ill-health for a large section of the working population of England and Wales. Membership of the scheme was compulsory for all manual workers (with certain exceptions and exemptions) between the ages of 16 and 65, and for non-manual workers whose remuneration did not exceed £250 a year. Voluntary membership, with limited rights, is available in the case of insured workers whose incomes begin to exceed £250 a year. Insured workers and their employers pay weekly premiums of equal amount into the insurance

fund, which is also subsidized by the State. Apart from the cash benefits for sickness, disablement, and maternity established by the Act, the institution of medical benefit was of primary importance in confirming the role of the medical practitioner as the first line of defence in combating disease. Over 16,000 medical practitioners in England and Wales are engaged in this health service. It provides a means by which the industrial workers of the country can have ready access to medical advice, not only, be it remembered, for actual ill-health, but for those who need guidance to keep their health. By thus facilitating the prevention of disease and its detection in its earliest stages, with the prospect of better response to treatment, the system is of the first importance to public health measures as a whole. The Act of 1911 was, in fact, entitled: 'An Act to provide for insurance against loss of health and for the prevention and cure of sickness. . . .'

The National Health Insurance scheme also provided for the post-graduate instruction ('refresher courses') of insurance medical practitioners at the chief university centres, the fees and expenses, including the provision of a locum tenens being defrayed out of national funds. In 1945 the responsibility for National Health Insurance was transferred to a new Ministry, the Ministry of National Insurance, but the health services remain with the Ministry of Health.

Tuberculosis

The Tuberculosis Service was set up in 1912. It applies to the whole population and is conducted by county and county borough councils in England and

by the Welsh National Memorial Association in conjunction with local authorities in Wales. The campaign against tuberculosis must not be regarded as an isolated subject. It is an integral part of public health and every measure calculated to promote the health and well-being of the community is a contribution towards it. The methods of attack must be comprehensive, various, and co-ordinated.

First of all there are all the general measures of public health, the Maternity and Child Welfare Services, and the School Medical Services. With these are co-ordinated the Tuberculosis Service itself with the county council or county borough medical officer as administrator, the tuberculosis officer, and the health-visiting and nursing staff and institutions for diagnosis, treatment, and care. The dispensary is the centre of the scheme. Linked with it are sanatoria, hospitals, institutions for surgical forms of tuberculosis, as part of a comprehensive orthopaedic scheme; arrangements with general hospitals; technical training sanatoria for adolescents; industrial centres—residential and non-residential; the village settlement of which Papworth is the model and example; the care committee. Valuable educational work is rendered by the National Association for the Prevention of Tuberculosis.

At one time tuberculosis occupied first place among the principal epidemic or general diseases as a cause of mortality. It has fallen from that disgraceful pride of place and now ranks fifth among the principal certified causes of death at all ages.

In the decade 1911–20 the number of deaths each year from tuberculosis (all forms) was in the neighbourhood of 52,000. The grim expression of this

figure as 'a thousand funerals a week' is, fortunately, no longer true. The crude death rate (provisional) from all forms of the disease in 1938 was 635 per million population (England and Wales), the lowest death rate yet recorded. The number of deaths certified to be due to tuberculosis in 1938 was only 26,176, or nearly half the average annual figure in 1911–20. It is the most striking example known of reduction of the mortality of a disease in our own time. There was an inevitable rise in incidence and mortality during the war years, but proportionately this was much less than in the war of 1914–18.

Venereal Diseases

Venereal diseases fall on the just as well as on the unjust, and are the source of much invalidity, many deaths, and great individual and social unhappiness. The discoveries of Schaudinn, Wassermann, and Ehrlich in the early part of this century provided mankind with methods of diagnosis and treatment. The sulphonamides and the use of penicillin have greatly increased the rapidity and efficacy of treatment. Counties and county boroughs were made in 1916 responsible for the Venereal Diseases Health Service. All information from patients must be confidential. Councils can also arrange through the National Council for Health Education for lectures, films, etc., in order to educate the public in the grave dangers of these diseases. The work has met, and is meeting, with success, but it is still important to impress upon patients the necessity of continuing their treatment until the medical officer of the treatment centre pronounces them free from disease.

Public Assistance

Prior to the passing of the Local Government Act of 1929, a large number of Poor Law hospitals had been provided in England and Wales by Boards of Guardians.

When the functions of these Boards were transferred to local authorities, they became responsible for these hospitals. It is the policy of the Ministry of Health to encourage, whenever possible, the appropriation of Poor Law hospitals for public health purposes, and any new hospitals are provided under the local authority's public health powers and not as one of their public assistance services. The sick are cared for as the sick and not as the poor. The provision of domiciliary medical relief (Public Assistance medical service) is for the less well-off section of the community who do not come under the National Health Insurance Scheme. The organization is based on the division of the county or county borough into medical relief districts; the district medical officers are most commonly general practitioners, one for each district, acting on a part-time basis. In some cases these officers are whole-time employees of the council, though in such cases they frequently have other duties, such as the medical superintendence of one of the council's institutions. A number of authorities have adopted an entirely different system—the 'free choice' or 'panel' system, that is, the service is provided by a panel of local medical practitioners remunerated on a basis of payment for persons treated, or at risk. The essential difference between this and the other two systems is that the doctors on the panel are not officers of the local authority, but are only in

contractual relationship with the authority, and the patient has a 'free choice' of doctor.

The Public Assistance medical services, except that of domiciliary relief, are of declining importance, as they are being replaced by wider services designed to meet the needs of the community as a whole and not restricted to the destitute. The provision of domiciliary medical relief still plays a large part in the provision of a general medical service for those persons who cannot normally afford a doctor and who, for various reasons, are not covered by insurance schemes.

Hospital Services

The earliest hospitals were provided by the ecclesiastical authorities, and they were a matter of slow growth. Later the famous hospitals of St. Bartholomew and St. Thomas were founded, and in the eighteenth century many of the other great London hospitals were built. By the Public Health Act, 1936, a general power is conferred upon both county councils and urban and rural authorities to provide hospitals. For infectious diseases, county councils must make schemes on a county basis (including, by agreement, adjacent county boroughs) for co-ordinating the hospital accommodation required. To-day a large county area contains general and special hospitals of various sizes and purposes, general, county, and cottage hospitals, municipal hospitals provided by county councils, or county borough councils, Poor Law infirmaries, maternity hospitals, isolation hospitals for infectious diseases, hospitals and sanatoria for tuberculosis, hospitals and asylums for mental disease, lying-in institutions,

hospitals or homes for women and children, and hospitals for special diseases—venereal, skin, eye, ear and throat, orthopaedic, etc.

Hospital services have grown in a manner characteristic of our nation; first largely as charitable institutions under voluntary management; afterwards continued in the same way, but followed by official provision of hospitals on an even larger scale, the two systems working side by side. For many years the voluntary general hospitals have been unorganized in relation to one another, and have been provided with little heed to the hospital needs of the country as a whole. The Local Government Act of 1929 greatly increased the hospital resources of county and county borough councils, and gave opportunities for co-operation between municipal and voluntary hospitals in a joint war against disease. Certain authorities, notably the London County Council, have made full use of their powers under the Act, with the ready support of the voluntary hospitals and the local medical profession; others are yet backward in this respect. Many rural areas are still without adequate hospital provision and full facilities for modern medical treatment and diagnosis. At the same time there is an increased demand on the part of the public for hospital treatment. Gradually the service is becoming better organized and equipped and order is beginning to emerge out of a haphazard provision.

To the Ministry of Health was assigned the responsibility for dealing with questions relating to the provision of hospitals in England and Wales for the treatment of air raid casualties in the war

Space does not permit of description of this important and far-reaching work. The Emergency Hospital Service of the Ministry increased the amount of hospital provision in Great Britain, improved the standard and equipment of existing hospitals and promoted close co-operation between voluntary hospitals and the hospitals of local authorities. Suffice it to say that it should prove of permanent value in increasing hospital provision in the country and in establishing full co-operation between municipal and voluntary hospitals on a permanent basis.

Cancer Service

At the present time more than 66,000 deaths are attributed annually to cancer, which now occupies the second place in the list of fatal diseases in England and Wales. The amount of human suffering involved in this annual toll of death, remembering the frequency with which the later stages of the disease are accompanied by pain, must be incalculable. Yet much of the disease in accessible sites is now known to be eradicable, if diagnosed in its early stage, by surgery, radium, or deep X-ray therapy, or a combination of these measures. In 1939 Parliament passed the Cancer Act. The object of this Act is to provide modern facilities for the diagnosis and treatment of cancer throughout Great Britain. The organization of cancer schemes was entrusted to local authorities and subject to approval of the Minister of Health, who appointed a special medical committee of experts in cancer as a sub-committee of his Medical Advisory Committee to advise him on technical matters. But the special centres and

consulting centres will be established as a rule at general hospitals, will be staffed by a team of experts and will not be labelled as cancer centres or cancer clinics. This work, for the most part, had to remain undeveloped during the war years.

CHAPTER VI

MENTAL TREATMENT AND MENTAL HOSPITALS

ONE of the most encouraging chapters in the story of medical progress is that concerning the prevention and curability of many forms of mental disease. This truth has only been generally realized by the medical profession and the public comparatively recently, although pioneer work had been done in the eighteenth century in the more humane treatment of the mentally afflicted in the Retreat at York and elsewhere. Charles Lamb, with his tragic family history, knew that mental disease could be cured and prevented. In the winter of 1795–6 he had an attack of mania and was incarcerated for six weeks in a madhouse at Hoxton. In his case the disease never returned, but his sister Mary was subject to fits of recurrent insanity. The attacks were attended with forewarnings, which enabled the brother and sister to take measures of prevention, and they might be seen at such a time 'walking hand in hand across the fields to the old asylum, both bathed in tears'.

The primary causes of insanity may be grouped under the headings of heredity, environment, physical or bodily conditions, and mental or psychological states. The Board of Control found that in 12,605 cases of first attack of insanity in men, the causes could be ascribed in order to be alcohol (25·4 per cent); heredity, mental stress, syphilis, and senility (11·6 per cent); in women the principal

causes in order were heredity (28 per cent); mental stress, senility, puberty, and the climacteric (15·9 per cent); and alcohol (10·3 per cent). 'The hope of reducing the amount of insanity in the country lies more in the steps which may be taken *for preventing the occurrence of the disease and for its treatment in the initial stages* than in improved methods of treatment when the disease has become confirmed.'[1] Medical research has also demonstrated the importance of chronic illness in the production of mental disorders. Insanity, due to syphilis, tuberculosis and the puerperium, has long been recognized. But infective foci in the teeth, tonsils, nasal sinuses, alimentary tract and its appendages—the gall-bladder and appendix—and of the genito-urinary organs may be sometimes the cause, and effective treatment will cure the insanity. Encephalitis lethargica and endocrine deficiency may also be causal factors.

Mental disease and impairment are a serious drain on the capacity of the nation. Admissions to care of persons suffering from mental disorder average 31,000 per annum. On 1 January 1945 the number notified as under care in England and Wales was 146,268, while the annual cost of those under care in institutions provided by or for county and county borough councils, is approximately £8,000,000. In addition to the mentally disordered we have, it has been estimated, 300,000 persons (including children) who suffer from feeble-mindedness, and probably not less than 10 per cent of the child population are 'dull and backward' as judged by educational tests. To these formidable figures must be added much

[1] Fourth Annual Report of the Board of Control for Lunacy and Mental Deficiency, 1917 (102), Part II, p. 7.

minor mental affliction, psycho-neuroses and neurasthenia. Much of this is directly preventable and the means of prevention are not only medical ones. Public health, eugenics, and social reform can diminish such causes of insanity as venereal disease, tuberculosis, insanitary environments, vicious habits, and hereditary taint, while the newer methods of psychology can detect incipient mental disability and disorder often associated with bodily disease and then apply the appropriate remedy. It is this enlightened and modern approach which should guide local authorities in the measures they adopt for dealing with the serious incidence of mental disease.

Local Authorities and the Care of the Insane

Hospitals for the insane, such as Bethlem (Bedlam) existed from the sixteenth century and probably earlier. Under the Elizabethan Poor Law Act of 1601, a general duty was imposed on parochial authorities to care for the feeble-minded. The first Act, dealing specifically with lunacy, was passed in 1743. This provided for the incarceration of dangerous lunatics in a workhouse, a house of correction, or the common jail. These unfortunate persons were often chained, with the consent of the magistrates, and flogging and other forms of harsh treatment then prevailed.

In 1808 the justices of the peace were empowered by Act of Parliament to provide county lunatic asylums as separate institutions for mental patients. In 1845 local authorities were compelled to provide for all persons certified as of unsound mind and unable to pay for the necessary care.

During the nineteenth century it began to be

realized by the public that the administrative measures in force for the care of the insane were far from satisfactory. Parliamentary Committees made many investigations and, as a result, the Lunacy Act of 1890 was passed. This made county councils and county boroughs the authorities for maintaining asylums, and stipulated that accommodation must be provided for all persons of unsound mind who could not be maintained elsewhere by themselves or their families. The Act provided for the making of orders for the reception and detention of lunatics by justices upon the certificates of qualified medical practitioners, and it established visiting committees appointed by the maintaining authorities who had the general supervision of asylums.

In 1924 a Royal Commission was appointed to examine the state of the law relating to lunacy and mental disorder. They reported in 1926 and some of their recommendations were embodied in the Mental Treatment Act, 1930. This Act, in addition to including the provisions of the Lunacy Act, 1890, devolving the responsibility for the care of the necessitous insane on counties and county boroughs, provided that the councils must appoint a special committee for the purpose which may include co-opted members. These councils may be combined in joint committees. In Lancashire, the West Riding of Yorkshire, and Staffordshire, Mental Hospital Boards for the whole county, and the numerous county boroughs, have been formed under special Acts.

The Act further provides for voluntary treatment for mental illness in public mental hospitals, and that temporary treatment may be given without certification. The Act expunged the words 'asylum'

and 'lunatic' from official nomenclature except in relation to 'criminal lunatics', etc.

The Care of Mental Defectives

The Mental Deficiency Act, 1913, conferred further powers on the county authorities in regard to mentally afflicted persons who were not certifiable as lunatics. The authorities had to set up Mental Deficiency Committees. They are empowered and may be required:

(1) To ascertain what persons within their area are defective.
(2) To provide supervision for such persons.
(3) To provide sufficient accommodation for mentally defectives who are sent to certified institutions;
(4) To provide training and occupation for defectives who are under supervision or guardianship or sent to a certified institution;
(5) To make provision for guardianship of persons placed under guardianship by order; and
(6) If they think fit to maintain an institution or contribute to the cost of one.

As regards children who are mentally defective, it is the duty of local education authorities to ascertain which of such children are incapable of receiving further benefit, or any benefit, from instruction in special schools, and to notify the names and addresses of such children in appropriate circumstances to the Mental Deficiency Authority. If the patient is educable, the education authority looks after him at a special school or otherwise. Imbeciles or idiots must be reported to the Mental Deficiency Authority.

The responsibility of the education authority ceases at the age of 16 years. Of the ineducable children, some may be suitable for simple training at an occupation centre; others will, by an Order, be sent to an institution or placed under guardianship.

Central Control

The Lord Chancellor for centuries has been concerned with the care of persons of unsound mind. His functions are judicial and chiefly relate to their property. He appoints three Visitors in Lunacy, one being a legal visitor, and the other two medical ones. The main supervision of the administration and institutions of local authorities dealing with mental disease and mental deficiency is vested in the Board of Control which is under the Minister of Health. The Board consists of a chairman and a number of senior commissioners, lay, medical, and legal, with a secretary. In addition, there are a number of commissioners, chiefly medical and legal, who spend a large portion of their time in inspecting institutions and the work of local authorities.

The Minister of Education, as has been mentioned, is concerned with the care of educable mental defectives of school age.

This brief account of the duties and powers of local authorities in regard to mental disease and mental deficiency indicates the great contribution they can make by wise administration towards diminishing the serious incidence of these disorders. One of the needs is better integration with the general hospitals, for much mental disorder, as has been explained, can be prevented or cured by attention to physical illness.

CHAPTER VII

MISCELLANEOUS HEALTH SERVICES

Infectious Diseases

The principal infectious diseases which occur in this country at the present time are measles, whooping-cough, scarlet fever, primary pneumonia, diphtheria, german measles, erysipelas, influenzal pneumonia, puerperal pyrexia, ophthalmia neonatorum, puerperal fever, cerebro-spinal fever, poliomyelitis, typhoid fever, and dysentery. A certain amount of indigenous malaria also occurs in certain districts of England, and smallpox is occasionally imported from abroad. But the prevailing deadly epidemics of the past like plague, smallpox, typhus fever, cholera, and 'putrid and malignant fevers' have disappeared.

The large group of infectious diseases can be roughly divided into (1) those which require, for their propagation, a particular environment like cholera, typhus, typhoid, plague, dysentery, and malaria; and (2) those which are usually spread by personal contact and chiefly by droplet infection as, for example, diphtheria, scarlet fever, and cerebro-spinal fever. This practical classification is not a rigid one, as both diphtheria and scarlet fever may be transmitted by such a vehicle as milk.

The diseases then which have largely disappeared are those caused by environmental conditions, while those spread by personal contact remain. An exception to this statement is smallpox, for which a specific prophylactic (vaccination) is available. As

has been explained in the introduction to this section, the credit for the reduction of environmental disease in this country is due to the sanitary reforms, including the purification of water supplies carried out by local authorites and their medical officers of health and sanitary inspectors. Typhoid fever, a disease of environment, still occurs and may assume epidemic proportions. Its diminution, and that of other forms of environmental disease, has been brought about by the ceaseless and vigilant watch maintained on external sources of infection. Typhoid fever is also a 'personal' disease, and may be conveyed by human carriers of infection. Practically all the 'personal' diseases, or those spread by contact infection, occur in persons under the age of 15; those above this age are for the most part immune, although a large proportion of them have never suffered from any of the diseases in a recognizable form. There is an immense reservoir of infection, which accounts for the immunity of the adult, and *the numbers who help to make up this reservoir*, for the most part, are entirely without symptoms and can be detected only by laboratory tests.

The methods available to local authorities for combating infectious diseases are notification, that is, ascertainment of the occurrence of the disease in a district, removal of the patient to an isolation hospital and disinfection at his home, together with improved sanitary conditions. These methods account for the virtual disappearance of cholera, water-borne dysentery, and typhus fever. Because smallpox still occurs in this country by reason of the fact that vaccination is no longer universal, local authorities and ratepayers still have to expend money

in maintaining special hospitals for the isolation of this disease. Measles, whooping-cough, scarlet fever, and diphtheria are to-day diseases of special concern to the guardians of the public health. They are still widely prevalent, but they are much less fatal than formerly. Medical and public health measures, hospital treatment, health visiting, home nursing and better knowledge on the part of parents have helped to reduce mortality from these diseases. The greatest mortality from measles and whooping-cough is known to occur in children under five years. If attacked after that age they have a much greater chance of survival. Parents have been, therefore, advised to avoid the risk of exposure to infection from these diseases in the case of younger children, and the lesson has been taken to heart.

Prevention against these infectious diseases of children has occupied workers in medical research for many years. The blood-serum of convalescents from measles has been found useful in diminishing the virulence of an attack; immunization against the organism of whooping-cough has so far proved disappointing, though vaccine treatment is claimed by some to diminish the severity of the disease. The greatest triumph has been achieved in the prevention of diphtheria, which is 'the chief killing disease of childhood'. In 1942 in England and Wales there were 41,404 cases of diphtheria with 1,826 deaths, and these were much lower figures than those recorded in the past. Yet medical research has made available a safe and harmless method of immunization which would in time abolish this destroyer of child life. The unprotected child is from twenty to thirty times as likely to die of

diphtheria as the immunized child. Immunization does not always give complete protection, but the Canadian and American experience has shown beyond all doubt that diphtheria can be eliminated in a town or district by a high percentage of immunization. Each year some 600,000 babies in this country reach their first birthday. This is the ideal time for immunization against diphtheria. For more than a decade, at the instance of the Ministry of Health, local authorities have established immunization clinics against diphtheria, and there is a diminution both in incidence and mortality from the disease of late years. Local authorities must pursue the campaign with vigour, which to be successful must enlist the support of the parents of every young child throughout the land.

Local authorities also contribute to the saving of life from diphtheria by providing bacteriological facilities for diagnosis and free supplies of diphtheria anti-toxin for general practitioners.

The prevention of infectious disease and its efficient treatment are one of the chief responsibilities of a local authority. It is not generally realized by the public, unaware of the days when epidemic outbreaks and pestilence rioted unchecked in this country, how much they owe to public health authorities and their medical officers for the present better state of things.

Acute Rheumatism and Chronic Rheumatic Diseases

(1) *Acute Rheumatism* (rheumatic fever) is a familiar disease and chiefly affects children between five and fourteen years. Its incidence increases directly with malnutrition, overcrowding, and bad

housing. Its mortality is declining. In 1901 the mortality rate was 67 per million persons; in 1938 it was 26·8; in 1939, 23·0; and in 1940, 20·5. Its after-effects may be severe—permanent heart damage, lifelong disability, and premature death may result.

The London County Council has made good provision so that the majority of London children suffering from rheumatism receive specialist advice and treatment at the earliest possible moment. It holds special rheumatism and cardiac clinics and has a large number of beds for acute and sub-acute cases and a smaller number for convalescents. Many local education authorities and health authorities outside London provide specialized treatment for rheumatism and carditis in children, for example, Birmingham, Bristol, Smethwick, Sheffield. More facilities are required in the way of early ascertainment, diagnostic clinics, in-patient hospital accommodation and for prolonged and special convalescence.

(2) *Chronic rheumatic diseases.* The cause of chronic rheumatic disease with all its protean manifestations—fibrositis, rheumatoid arthritis, osteo-arthritis, etc., like that of acute rheumatism, is unknown. It kills slowly, but its manifestations are widely prevalent and many of its victims have to lead a life of helplessness. It has been estimated that the loss of working days in England through incapacity from chronic rheumatism amounts to one-sixth of the total disability through illness. One-sixteenth of all money expended on pensionable invalidism is given to sufferers from these diseases.

Probably, on account of the magnitude of the

problem, local authorities have been chary of establishing special clinics and hospitals for chronic rheumatic diseases, in spite of the good results achieved by the British Red Cross Society Clinic for rheumatism in Peto Place, London, and the Edgar Allen Institute, Sheffield. Up to the outbreak of war, the British Spa Hospitals treated annually some 6,000 patients, the majority of whom suffered from chronic rheumatic diseases.

The Empire Rheumatism Council endeavours to attack on broad lines all the manifestations of these fell diseases, and is always ready to place its experience at the service of those interested in combating them.

Pathological Facilities

It is of historic interest to note that pathological facilities for the diagnosis and treatment of a large number of diseases was urged in the Report of the Chief Medical Officer of the Local Government Board for 1912–13, in which was set out a statement of the facilities, already provided at that time, by local authorities. Provision for general pathological services was made in the Government's financial estimates for 1913, but the First World War indefinitely postponed central action. Since that time increased pathological facilities have been provided by local authorities, and it can be said that for ordinary purposes of diagnosis a general practitioner can obtain, free of charge through the local authorities, the tests which he usually requires to aid him in the diagnosis and treatment of diseases.

The local authorities have made pathological provision in several ways.

(1) A number of the larger county and county borough councils have laboratories of their own with one or more county pathologists. In these laboratories the facilities are often on a larger scale and special investigations into disease outbreaks may be undertaken.

(2) In a number of the public health hospitals and public assistance hospitals laboratory provision is made by local authorities, and pathological work may be done here for the needs of the district.

(3) In other instances the local authority makes provision for pathological services with a University, or with the laboratory of a voluntary hospital or with a public laboratory.

It was realized, however, in view of the continual progress made in pathology (including bacteriology and serology), that much remained to be done in order to develop the pathological services of local authorities to serve the full needs of the whole population. Up to 1939, local authorities, therefore, were constantly urged by medical officers of the Ministry of Health, in the course of local visits and inspections, to make increased county laboratory provision. The whole position was changed during the last war when the Medical Research Council set up a comprehensive laboratory organization throughout the country. The Ministry of Health closely collaborated in this work and linked it up with the public health and hospital organization and with the work of county and municipal laboratories. In this way the resources for pathological investigation have been greatly increased and

are more generally available. A specialized service of pathologists has been set up, and these experts are at the disposal of medical officers of health and practitioners for inquiries into disease outbreaks, routine and special tests, preparation of vaccines, help in immunization, etc. It is clear that a comprehensive and valuable service like this must be retained in public health organization.

Vaccination

The Vaccination Acts, 1869–1907, are now administered by county councils and county borough councils as a public health function. They were transferred to these local authorities from Boards of Guardians by the Local Government Act, 1929. The responsible officer is the vaccination officer, the medical officer is the public vaccinator. The duties of public vaccinators are set out in detail in the Vaccination Order, 1930. The Public Health (Smallpox Prevention) Regulations, 1917, give a medical officer of health power to vaccinate or revaccinate without charge any contacts of a case of smallpox willing to submit themselves to the operation.

Care of the Blind

The Blind Persons Acts, 1920 and 1938, and the Old Age Pensions Act, 1938, define a blind person as one 'so blind as to be unable to perform any work for which eyesight is essential'. The Education Act, 1921, defines blind as meaning 'too blind to be able to read the ordinary school books used by children'. Old age pensions are provided for the blind at the age of forty.

County councils and county borough councils are

responsible for the care of blind persons. They are required to keep registers of the blind within their areas and to organize schemes for the welfare of blind persons. Such schemes usually provide for:—children under school age; education and training of children, young persons, and adults; employment in workshops or by means of home-workers' schemes; hostels for blind workers; homes; care of the unemployable blind; home teaching. Prior to Parliament entrusting local authorities with these responsibilities, much philanthropic work had been done to help the blind, and local authorities usually delegate the actual work or part of it to these voluntary associations and defray the cost. The advantage of local authority control is that the work is better organized, there is no overlapping and the work is not handicapped through lack of funds. (Those interested in this subject should consult the *Handbook on the Welfare of the Blind*, Ministry of Health, 3rd Edn., 1939.)

Slaughter-houses and Meat Inspection

Certain diseases are acquired by eating unsound meat, and as far back as the year 1875 in the interests of public health the Public Health Act of that year authorized an urban authority to provide slaughter-houses and to make bye-laws in regard to the management and charges for their use. These powers were extended to rural authorities by the Rural District Councils (Slaughter Houses) Order, 1924. The Food and Drugs Act, 1938, directly conferred these powers on both urban and rural authorities. The same Act permits a local authority, which has itself provided a slaughter-house, with

the consent of the Minister of Health to close private slaughter-houses subject to payment of compensation, and to prevent new private slaughter-houses from being established in its district. The Livestock Industry Act, 1937, permitted the Livestock Commission to set up experimental central slaughter-houses and, ultimately, to close others.

The chief objections to private slaughter-houses are that they are often unsuitable in construction, difficult to cleanse and in close proximity to dwellings; animals are kept in lairs which are close to houses, while bad storage of offal, etc., creates a nuisance; frequently there is a lack of proper storage for meat, and lastly, it is impossible to inspect adequately.

On the other hand, the advantages of properly controlled and supervised public abattoirs speak for themselves, for instance, animals are killed by the most humane methods; the buildings can be properly sited, constructed suitably and placed away from dwellings; meat can be systematically inspected and waste products dealt with on the spot. The public have more confidence in meat that has been officially examined, and meat if conveyed in proper hanging-carts does not suffer in appearance. A well-managed public abattoir will pay its own cost.

In spite of these cogent arguments for public abattoirs conducted by local authorities, and the long period of time for which they have possessed powers to establish them, progress has been distressingly slow. In 1938 there were only some hundred odd public abattoirs in England as against some 16,000 private slaughter-houses.

It has been pointed out in the annual reports of

the chief medical officer of the Ministry of Health for many years that the inspection of meat in England is very unsatisfactory. Although in many places it is done thoroughly, there are many districts in which inspection by officers of the local authority is desultory or practically non-existent and in which official criteria of judgment as to the condition of meat are not observed. Frequently, neither the local authority nor the inspector deserve blame for this state of things. It is difficult to ensure satisfactory inspection when, as is often the case, the officer responsible has numerous other duties, and there are many slaughter-houses in a large and scattered district. It is commonly assumed by the public that all meat exposed for sale has been passed by an inspector, and while this is true of imported meat, which carries an official certificate of inspection before and after slaughter in the country of origin, and of home meat from animals killed in some cities and towns, particularly those with public abattoirs, it is certainly not true of the meat sold in most rural and in many urban districts. It is common to find that the work of the inspector is restricted to visiting slaughter-houses and certifying meat as diseased after it has been put aside by the butcher himself in order to support a claim for insurance.

The amount of meat condemned varies greatly in different districts. To some extent it depends on the amount of disease among livestock in the surrounding country, but the difference between districts is too great to be explained by this alone, and is probably due to differences in the thoroughness of inspection. In one district in which there was a large pig-killing factory, it was found that no pigs

were condemned on the days when the local inspector was not able to examine the carcasses. Differences exist not only between town and country, but between public abattoirs and slaughter-houses in the same town; for example, in a large city in which there is a central abattoir and a number of private slaughter-houses, the percentage of animals found to be diseased in the public abattoir, where an inspector is always on duty, is over twice as much for cattle and four times as much for pigs as in private slaughter-houses.

The Livestock Industry Act, 1937, permitted the Livestock Commission to set up experimental central slaughter-houses and, ultimately, to close other slaughter-houses. This would have raised the standard of meat inspection throughout the country had it not been for the check caused by the war. The Ministry of Food, during the war, devoted considerable attention to the question of efficient meat inspection, set up regional abattoirs and took over a large share of responsibility.

The state of affairs recorded here makes it obvious that satisfactory inspection and control can only be attained by requiring animals to be slaughtered in abattoirs where every animal is seen by an inspector at the time of slaughter. With the resumption of peace conditions, it is highly desirable in the interests of the public health that local authorities should pay great attention to this important question.

Food and Drugs

The legislation relating to food and drugs entrusts local authorities with powers to see that the inhabitants of their district are protected from harmful

foodstuffs and that foodstuffs are of the nature they purport to be and are not adulterated or fraudulent.

The main Act giving these powers is the Food and Drugs Act, 1938, which is a consolidating Act incorporating the substance of some twenty-nine previous statutes. It confers the powers on the councils of counties, county boroughs and boroughs, and urban districts with a population of 40,000. The Minister of Health can extend the powers to other urban authorities with populations of 20,000.

Under the Act, a medical officer of health or sanitary inspector is authorized to examine any meat, vegetables, corn, bread, flour, or milk exposed for sale or for preparation for sale and, if in his opinion it appears diseased or unwholesome or unfit for the food of man, he may seize it and carry it before a justice of the peace who may condemn it. The vendor is liable to a penalty if he has not an adequate defence. In this way the public are protected from unwholesome food.

As regards protection from adulteration, no person may mix any matter with any food so as to render it injurious to health, or with any drug so as injuriously to affect its quality or potency; nor may any person sell any food or drug so mixed. No person may sell to the prejudice of the purchaser any article of food or any drug which is not of the nature or substance or quality of the article demanded. Penalties may be awarded for breach of these provisions. Food and drugs authorities must appoint public analysts with the approval of the Minister of Health, and they may only remove the analyst from office with the Minister's consent. Powers of

sampling are conferred on the officers of the authorities and unsatisfactory samples must be submitted for analysis to the public analyst. The Foods Department, first established under the Local Government Board, and afterwards continued under the Ministry of Health, has done much by research and analysis to raise the standard, quality, and purity of food in this country. Its advice has been always at the disposal of food and drugs authorities and they profit greatly from it.

Ambulances

County councils and the other local authorities have power to provide ambulances for the conveyance of persons suffering from an infectious disease and may pay the expense of conveying these persons to a hospital or other destination. The local authorities are also authorized to provide ambulances for cases of accident and the county police in many areas have made similar provision. Generally, however, the ambulance services for the country as a whole were inadequate and were not properly co-ordinated. The advent of war made it necessary for the Ministry of Health to provide a comprehensive and co-ordinated ambulance service in connexion with the Emergency Medical Service for removing sick and injured persons to hospitals. This was effected partly by the utilization of the ambulances of local authorities and by the adaptation of motor omnibuses, and partly by the substantial assistance given by the British Red Cross Society, the Society of St. John of Jerusalem, and the American Red Cross Society.

The success of this work emphasizes the desirability

of organizing ambulance services on a much more comprehensive basis by local authorities in the immediate future.

Relations with Industrial Hygiene

Before the war of 1914–18, much had been done by the Factory Department of the Home Office to improve the environmental conditions of the industrial worker in the factory, and to study and combat diseases associated with his work. This field was a direct extension of public health. A doctor trained in preventive medicine entered the factories and workshops and applied his knowledge to the problems he met there. Thus industrial hygiene was born as the child of public health. There have been three eminent senior medical inspectors of the Factory Department, Sir Arthur Whitelegge, Sir Thomas Legge, and Dr. J. C. Bridge. They all served an apprenticeship in public health before entering on the study of industrial hygiene. Much of their work was pioneer in character. They were not only able investigators, but through their public health training they possessed administrative capacity. They diagnosed the industrial disease and then advised on the regulations which should prevent it. As a consequence, workers now pursue their avocations in a healthier atmosphere, there is less risk of disease, crippling, and death, and lead and other forms of poisoning in industrial processes, as well as silicosis, have been greatly diminished.

The Factories Act, 1937, a consolidating and amending Act, placed the responsibility of its enforcement almost wholly upon the Home Office, but this responsibility has now been transferred to the

Ministry of Labour and National Service. The district councils of local authorities, however, are charged with certain duties relating to outworkers; the employment of persons in unwholesome premises; basement bakehouses; the provision of sanitary conveniences in all factories, and the supervision of cleanliness, temperature, ventilation and drainage of floors, together with prevention of overcrowding in factories in which mechanical power is not used.

A county council and a district council and their officers have, in relation to their duties under this Act, all the powers of a factory inspector.

During the last war, the health of individual workers became a matter of special concern, and the Factories (Medical and Welfare Services) Order, 1940, provides for the employment in factories (whole- or part-time) of medical practitioners, nurses, and supervisory officers for the medical supervision of employees, nursing and first-aid services and the supervision of welfare.

It is useless to attempt to prevent disease in industry alone. Every worker has a life outside the factory as well as in it. Thus the medical officer of a factory is only doing his work imperfectly if he does not co-ordinate it closely with that of the medical officer of health, with that of the medical attendants of individual workers, and with the health services of the local authority. The industrial medical officer, therefore, should be in constant touch with the local medical officer of health. He can get from him advice on public health conditions in the factory, but above all through the medical officer of health he can secure for the workers whose

illness or defect he detects, specialized and prompt treatment with the concurrence of their medical attendants. In this way the industrial medical officer will raise the standard of health in the factory and enable disease to be prevented there, or, if it should occur, to receive the best and most appropriate treatment at an early stage.

Industrial hygiene will secure the greatest possible advantages by marching in the company of public health. The national health is one and indivisible.

Dental Services

The importance of the care of the teeth is well known. Regular dental supervision protects against dental caries and against many diseases such as digestive disorders and sepsis. In this respect we have much to learn from the Americans, who care for their teeth more than the majority of the British people do.

The existing publicly organized dental services are of several kinds and apply to various groups of the population.

(1) Under the National Health Insurance Scheme, 'dental benefit' has been provided since 1921. It is not a universal service, as it depends upon the ability of the Approved Society (or branch) to which the insured person belongs to make payment for this benefit out of its surplus funds. The Ministry of Health state that 'although probably about 13,000,000 people are eligible for this benefit, it is noteworthy that only some six or seven per cent of them actually claim it in any given year'.

At present there is no direct public provision of dental treatment, but the Approved Society makes a money payment to the dentist under certain conditions and at certain scales of fees for the whole or a part of the approved cost of treatment.

(2) Under the Maternity and Child Welfare Service, most local welfare authorities arrange, in varying degree, for dental treatment for expectant and nursing mothers and, where necessary, for children under five. The Service may be provided directly at welfare clinics or at school clinics, which also deal with older children, or by arrangements with private dentists or hospitals.

(3) Dental treatment is also provided under tuberculosis schemes for tuberculous persons by the county and county borough councils.

(4) The school medical services of the local education authorities provide dental inspection and treatment. School dental officers and dental attendants are appointed directly by the authorities. The work is done mainly in clinics or in certain county districts in the schools themselves. Dental defects are prevalent among schoolchildren, but the supply of dentists is limited; and the facilities afforded before the war do not, in the view of the Ministry of Education, afford a fully adequate service for the school child.

(5) General Hospitals have dental departments and in certain large towns there are special dental hospitals. Here the patient will normally be asked to pay what he can afford.

This account of existing provision indicates that in the interests of public health a comprehensive and general dental service has yet to be organized. This is contemplated under the National Health Service. To make such a service effective, three things are necessary. One is the co-operation of the dental profession, which is likely to be readily forthcoming; the second is an increase in the number of dentists; the third is the co-operation of the public. Every opportunity should be taken by local authorities to impress upon the public the importance of care of the teeth.

PART III. VARIOUS LOCAL AUTHORITY SERVICES

CHAPTER I

TOWN PLANNING AND ROADS

Town and Country Planning

Up to the early part of the present century, landowners could develop their estates according to their own ideas and often without regard to sightliness, the convenience of others or any reasonable plan or thought for future needs of the area. Thus the present generation, as was shown in the chapter on Housing, has inherited the problem of slum clearance, a haphazard and straggling system of dwelling-houses, congested and unsuitable buildings, narrow streets, and roads unsuitable for through traffic in and around many towns.

The realization of this unfortunate state of affairs and the coming of motor traffic led the State to make Town and Country Planning a function of local authorities. Since 1909 several Acts have been passed for this purpose, culminating in the Town and Country Planning Acts of 1932 with a separate and similar Act for Scotland.

In England and Wales the planning authorities are primarily the councils of boroughs, urban districts, and rural districts, but any local authority which is not the council of a county borough may relinquish its powers to the county council, and the

Act provides for consultation between different local authorities and for the association in borough, urban, and rural district planning schemes of the county council. Planning, involving as it does compensation to landowners, is a costly business, and the increasing tendency is towards placing the scheme in the hands of the larger authorities, county councils and county borough councils. In London the planning authorities are the City Corporation and the London County Council.

The general object of town and country planning is to ensure the control of the development of land, whether with or without buildings thereon, to secure proper sanitary conditions, amenity and convenience, to preserve existing buildings or other objects of architectural, historic, or artistic interest, and places of natural interest or beauty, and generally ,to protect existing amenities, whether in urban or rural districts. The Minister of Health had had extensive powers of control and direction under the Act of 1932. These powers in 1945 were transferred to the Minister of Town and Country Planning.

Procedure

The town planning authority—a large individual authority or an association of local authorities for this purpose—makes a complete survey of the district concerned in order to prepare a general plan. In this general plan, certain regions or 'zones' are set apart, respectively, for industrial and business purposes and for residential accommodation. In the latter, areas are allocated for residences of different character and class. This general allocation is known as 'use-zoning'. Reservations are also made

for open spaces, allotments, aerodromes, car parks, etc. In this way there is a balanced distribution of buildings and open spaces and of industrial, business and residential areas. The scheme is flexible in practice, for example, places of business and even small industrial works may sometimes be permitted in the residential area. Regard is had to density, height of buildings, and site coverage. Proper communications by road, rail, etc., must be established between all parts of the town plan or, if existing already, must be adapted and improved. Provision must also be made for orderly future development in undesignated areas.

Road Traffic and Town Planning

Town planning schemes are to be expedited in the immediate future. In their application it is to be earnestly hoped that local authorities will not lose sight of the urgent need for making streets and roads safe as well as convenient for traffic.

The annual death rate on the roads is a blot on our civilization. Every day, on an average, five children lose their lives as a sacrifice, in many instances, to the juggernaut of speed and careless driving on the roads of this country. In other words, 1,825 children, potential fathers and mothers, are annually destroyed by motor vehicles. During the ten years preceding the war, 68,248 persons were killed and 2,107,964 injured on the roads of Great Britain, figures comparable to those of a battlefield. Our Victorian ancestors made rail-tracks for the steam-engine, but we allow swift, high-powered cars and huge motor lorries to speed along the roads used by pedestrians.

Sir Alker Tripp, Assistant Commissioner of Police, Scotland Yard, in his book, *Town Planning and Road Traffic* has dealt with this problem. In Town and Country Planning he advocates three generic types of road and three only, namely: (1) arterial, (2) sub-arterial, and (3) local or minor.

(3) The local roads can be divided into many categories, for instance, in a town, shopping, business, industrial, amusement, residential; in the country, into village streets and country lanes. They will be designed so as to discourage through traffic of any kind from entering them. Only traffic having business in the particular locality will pass along these roads and they will have no direct communication with the arterial roads and will not permit of short cuts.

(2) The sub-arterial roads link up the main arterial roads with the network of local roads.

(1) The arterial roads are the roads for long-distance movement through the country and for the heavy main traffic flows in towns. They will be constructed outside the towns and kept clear of all obstructions; 'there must be no frontages, no loading and unloading, no standing vehicles—and no pedestrians'. This is the merest outline of Sir Alker Tripp's plan; the detailed account will repay careful study. Any plan that associates the safe control of modern traffic with town and country planning deserves consideration by planning authorities.

Roads

The Romans, during their occupation of Britain, built a few excellent main roads, such as Watling

Street, Ermin Street. These survived as the main traffic routes for centuries and, indeed, are represented in those of the present day. Other main roads began as tracks across private land for the owner's use. Then, as towns and villages with their populations sprang up, these tracks were used by the public as roads, the owner gave them up to public use and they became main roads and were eventually known as the King's Highway. When an owner did not keep up a road as part of his obligation of holding the land, this obligation was put upon the inhabitants of the parish through which the highway passed. This duty was much neglected, and when central control was in the hands of the Tudors it had often to be rigidly enforced. But, as we know from old prints and contemporary narratives, with the decline of central authority, the roads in the seventeenth and eighteenth centuries were indifferently maintained. New roads were needed, and private individuals constructed turnpike roads with toll-gates and made their profit out of them. In towns, the necessity of paved streets led to the creation by local Acts, of Paving Commissioners, who maintained streets and could borrow and levy rates for the purpose. The highways, where the onus of maintenance was upon the parish, were repaired by the parochial surveyor at the expense of a local rate.

The Highway Act of 1835, which appointed Highway Surveyors, extended this work, which was further developed by larger units of administration in the Highway Boards (Highway Act, 1862). Next, Turnpike Trusts disappeared and the control and maintenance of highways were transferred to the

local authorities, in urban areas the borough councils or urban district councils, and in rural districts the rural district councils. The Local Government Act, 1888, imposed the duty of maintaining main roads on the county councils, but boroughs and district councils could repair their main roads or they could do this under contract with the county council. County boroughs were responsible for all highways in their area. Motor traffic took from the roads much of their local character and increased the cost of upkeep. The Local Government Act, 1929, transferred road services from the lesser authorities to the county councils and county borough councils. But there are a number of complicated provisions which enable delegation of county functions for roads to boroughs and district councils as formerly, with contractual arrangements and agreements for road services.

In 1936 the Trunk Roads Act defined twenty-six roads in England and Wales as 'trunk roads' and made the Minister of Transport the highway authority for them.

Such is the somewhat confused story of the responsibility of local authorities for highways. It may be emphasized that large contributions are made to them from central funds for road maintenance, which is an expensive item in the county and county borough rates. Many roads and streets are constructed, in the first place, by private persons, in housing estates, etc. The law provides that before a local authority can be compelled to take over a private street and thereafter to maintain it, they may require it to be levelled, paved, lighted, sewered, and generally put in order at the expense of the

inhabitants whose premises abut on the street. This is a costly matter, but the local authority does not always enforce the provision, particularly if the street or road is coming into general use.

CHAPTER II

EDUCATION

EDUCATION has from time immemorial been a subject of charitable endowment. This spirit by which knowledge is freely imparted is to be found in all grades of education from the highest to the lowest. It is seen in the scholarships and bursaries in the Universities and public schools for 'the poor scholar'; in the endowed grammar schools, dating chiefly from the sixteenth century, which were founded by religious bodies, by City Companies, or by private individuals; in the 'Charity Schools', 'Ragged Schools' and 'Sunday Schools' and 'National Schools' of the late eighteenth and nineteenth century. Education in this country up to 1870 was organized solely by voluntary agencies. From 1833 onwards the State had recognized the importance of national education by giving grants to various voluntary bodies, mainly of a religious character, and the Education Act of 1870 established locally elected School Boards, which were required to provide elementary schools in areas where voluntary effort proved insufficient.

Grants in aid and State inspection of voluntary schools were first done in 1839 by a special committee of the Privy Council. The growth of State assistance necessitated the development of a central Education Department responsible to the committee. In 1899 the Board of Education was established and charged with the superintendence of matters relating to education in England and

Wales'. The Education Act of 1902 abolished the school boards and transferred their functions, together with new responsibilities for higher education, to the county councils and county borough councils. Since that date there have been several Education Acts, the most important of which were the one in 1918 (the Fisher Act), that of 1921 (a consolidating Act), and that of 1936. Periods of financial restriction and war years prevented the full application of the provisions of these Acts to a certain extent, notably as regards the raising of the age of compulsory attendance in 1939, but at the same time, between the two wars, more secondary schools have been provided, school buildings have improved in type, technical education has been developed and the standard of elementary education has been raised.

The Education Act of 1870 provided that every child should receive the rudiments of an elementary education. Now it is held that every child, irrespective of his parents' means and position in life, should have the best educational facilities that his abilities can profitably use and that the children endowed with mental ability should be enabled to continue their studies by means of scholarships and other forms of assistance. It is also realized that children suffering from defects, whether physical or mental, shall be educated in special schools or classes as far as is possible, for a future position in life, that there must be a school medical service to associate the health of the child with his education, that meals and milk must be provided in schools, because capacity for education is diminished if the child is not properly fed, and good physical training and the

right use of leisure taught. Again, it is regarded as essential that higher standards of education must be co-ordinated and associated with primary and secondary education, and, finally, that the State shall bear an increased share of expenses of the new developments. This enlightened, humane, and progressive spirit in national education found its expression in Mr. R. A. Butler's comprehensive Act of 1944.

Central Control

The central authority for education in England and Wales is the Ministry of Education. The Welsh department of the Ministry deals with the administration of education in Wales and Monmouthshire and works at the London headquarters. There is a separate Welsh inspectorate under its own Chief Inspector. The Ministry works in close association with the local education authorities, which are responsible for the actual provision of schools and other educational services. This contact is facilitated by the Inspectorate, which has a wide range of duties. The chief responsibilities of H.M. Inspectors are as follows:

(*a*) To inspect, assess, and report on the efficiency and progress of schools and other educational institutions and to help teachers with guidance and advice.

(*b*) To serve as the local representatives of the Ministry on administrative matters. Thus, they act as liaison officers between the Ministry, local education authorities, and the regional or divisional officers of other Government departments; they advise the Ministry

from their local knowledge; they advise local education authorities and other bodies from their knowledge of general policy on schemes, plans, and proposals; inspectors with special experience are in relation with professional associations, industrial and commercial bodies and those conducting technical and commercial examinations.

(c) To act as the expert advisers of the Ministry on matters of educational theory and practice.

The medical officers of the Ministry exercise similar functions to those of the Inspectorate in regard to the medical responsibilities of the department and of the local education authorities, in particular in relation to the school medical service and the care of mental and physical defectives.

Local Education Authorities

There are 146 local education authorities in England and Wales (62 counties, 83 county boroughs and one joint board for the Soke of Peterborough and Peterborough).

Every local educational authority has one or more educational committees responsible for its educational work. A majority of any such committee is constituted of members of the council of the local authority, but it is a requirement that the committee must include persons of experience in education and those acquainted with the educational conditions in the area. Such persons are not necessarily members of the council.

The chief education officer is the executive officer of the local education authority, which must consult

the Minister beforehand as to the suitability of candidates for the post. Most authorities employ organizers for special subjects, such as physical education, and a few have their own inspectors of schools.

Although counties and county boroughs are now the only local authorities for education in England and Wales, the Education Act of 1944 permits a certain amount of delegation to smaller local authorities on the principle which we have seen obtains in other spheres of local government work. Under the Education Act of 1902, 152 borough councils and 17 urban district councils were autonomous authorities for elementary education, the county council being responsible for secondary and other forms of higher education in the area. The Act of 1944, while abolishing these autonomous authorities, made provision for local knowledge and initiative in two ways.

(i) County councils can delegate certain of their educational functions to 'divisional executives'. These executives are individual county districts (boroughs and urban or rural districts) or combinations of them or of parts of them. The functions delegated relate usually to primary and secondary education, but functions relating to further education may also be delegated with the consent of the Minister.

(ii) Borough and urban district councils with a population immediately before the war of not less than 60,000, or with not less than 7,000 elementary school pupils, had the right to become 'excepted districts', that is, a special

class of divisional executives, with delegated responsibility for primary and secondary education in their own areas. District councils with a population of less than the specified size, if they could show that there were special circumstances affecting their area, could apply to the Minister to become excepted districts. In excepted districts the borough or urban district council is the divisional executive. In other cases it consists of some 20–30 people, made up of the representatives of the district councils concerned (who form the majority), and of the local education authority and a number of co-opted members with special experience in educational matters, and in the needs of the area.

The degree of delegation granted by a local education authority varies. In some areas, especially in excepted districts, the divisional executive conducts most, though not all, of the authority's functions; in others the delegation is less.

In all cases the local education authority retains the power to borrow money or raise a rate, and, consequently, the ultimate control of expenditure, and it also keep general responsibility for formulating the educational policy of the area within the national framework.

The Three Stages of Education

A general brief summary may now be given of the present organization of the system of education in this country. It aims at elevating the standard of education throughout, at flexibility and at

maintaining the valuable elements in both State and voluntary educational institutions.

(1) Section 7 of the Education Act, 1944, sets out the main principle of the system in the following words:

> 'The statutory system of public education shall be organized in three progressive stages to be known as primary education, secondary education, and further education; and it shall be the duty of the local education authority for every area, so far as their powers extend, to contribute towards the spiritual, moral, mental, and physical development of the community by securing that efficient education throughout those stages shall be available to meet the needs of the population of their area.'

The educational process is for the first time to be regarded as a continuous one through which all children and young people will pass, Every child, in addition to primary education will be given a full-time secondary education.

(2) The period of compulsory school attendance has hitherto been from 5 to 14 years of age. The age will be raised to 15 on the 1st April 1947, and subsequently to 16, when the Minister is satisfied that sufficient buildings and teachers are available.

(3) A much wider provision of nursery schools and nursery classes is to be made by local education authorities, attendance being voluntary from the age of 2 or 3 to 5.

(4) New standards of school construction are laid down and arrangements are made to enable schools provided by voluntary bodies to satisfy the new requirements.

(5) 'County colleges' will, in due course, be established for young people who have left school before reaching the age of 18. Part-time attendance during working hours will be compulsory. Continuity of educational supervision will thus be ensured for all young people up to the age of 18.

(6) Further education will also include more adequate and better co-ordinated facilities for part-time and full-time vocational education both for young people and adults. The provision for non-vocational education and recreation will also be widely expanded. It is to be noted here that facilities for adult education, so strongly advocated by Sir Richard Livingstone, are now to be fostered and encouraged.

(7) There will be a wide range of development in the arrangements made for the physical and general welfare of all children and young people up to the age of 18.

(8) Schools not receiving grants from public funds will be registered by the Ministry of Education and will be subject to compulsory inspection and supervision. In this way educational standards will be elevated and unified in all schools, whether state-aided or voluntary.

(9) Various changes, some of them already indicated, have been effected in the system of local

administration and finance to correspond with these developments.

This brief account of the educational responsibilities of local authorities and of the increased powers afforded to them by the Education Act, 1944, shows what a fruitful field of endeavour and progress lies before the members of education committees for the years to come. It is a branch of local authority work that should appeal to many. It demands the best brains, the most industrious workers, the largest and most sympathetic hearts. The high ideals expressed in Mr. Butler's Act will not be attained all at once. Teachers have to be found, new schools have to be built, men and women, whether members or officers of local education authorities or parents of children, have to be inspired with enthusiasm for the great task before them. The facilities now possible in education reveal the truth of an often unrealized psychological fact. Academic teaching is an excellent thing, but in all grades of society a desire for scholarly pursuits and professional studies is not equally distributed. Many prefer to work with their hands. The new system of education recognizes this truth by its provision for vocational and technical training.

The members of education committees will appreciate that their work, arduous and difficult as it will be, will find its reward in the dignity and happiness of future generations, for as Plutarch said in his essay *Of the Training of Children*, 'The very spring and root of honesty and virtue, lie in the felicity of lighting on good education'.

(A useful introduction to the subject of modern education is the Ministry of Education's Pamphlet No. 2, entitled, *A Guide to the Educational System of England and Wales.* London, H.M.S.O., 1945, price, 1*s.* net.)

CHAPTER III

OTHER SERVICES

Air-Raid Precautions

The Air-Raid Precautions Act of 1937 gave local authorities the new duties of organizing measures to protect the civil population from hostile attack from the air. These duties were laid in the first instance upon the councils of counties and county boroughs, but schemes might also be delegated to the councils of non-county boroughs and urban districts, and consultation and co-operation between authorities were required. Under the Government's scheme, air-raid wardens were appointed, drivers of vehicles were chosen, workers were employed in the provision of air-raid shelters, for demolition, emergency repairs to bombed buildings and houses, and the work was controlled by the professional staffs of local authorities. Instruction was given in first-aid, in anti-gas precautions and in gas decontamination. Rescue work in air-raids was co-ordinated with the fire services and ambulance services. Many of those engaged in this work, for example, air wardens, were enrolled volunteers. After the outbreak of war, the national character of this work was more fully realized and the new Ministry of Home Security assumed the major share of responsibility, although the executive work continued to be done by the local authorities. It is outside the scope of this book to describe the successful and admirable way in which this important work was performed. It contributed in no small degree to the national

defence of Great Britain, and officials and volunteers, old and young, men and women, gave of their best and sometimes sacrificed their lives.

This burden on local authorities ended in 1945 with the victorious conclusion of the European War. If, unhappily, it has ever again to be revived under the threat of a future war, the experience gained at painful cost will possibly be of some service. But the fresh discoveries made in agents of scientific destruction and, above all, the atomic bomb, will make the problem of defence from wholesale annihilation a much more difficult one. It may indeed, be an insuperable problem. The best scheme of air-raid precaution lies in the abolition of war.

Fire Services

In spite of the respect for life and property which is said to be characteristic of the British nation, it is somewhat of an anomaly that the provision of a Fire Service remained until 1938 a permissive function of local authorities.

At the beginning of the nineteenth century, most parishes had a hand engine which was dragged to the scene of a fire by boys enlisted on the spot. Charles Dickens, in *Sketches by Boz*, describes such an incident.

> 'We never saw a parish engine at a regular fire but once. It came up in gallant style—three miles and a half an hour, at least; there was a capital supply of water, and it was first on the spot. Bang went the pumps—the people cheered—the beadle perspired profusely; but it was unfortunately discovered, just as they were going to put

the fire out, that nobody understood the process by which the engine was filled with water; and that eighteen boys, and a man, had exhausted themselves in pumping for twenty minutes, without producing the slightest effect.'

In 1833 the Lighting and Watching Act gave rural districts, who adopted the Act, powers to extinguish fires, and in 1847 the Town Police Clauses Act empowered the local authority to provide fire-extinguishing apparatus with necessary buildings, to employ firemen and to send their firemen and engines to extinguish fires outside their district. These provisions were made applicable to urban districts in the Public Health Act, 1875.

The provision made varied greatly in efficiency. Outside London no local authority was obliged to provide or maintain a fire service. The county boroughs and large urban authorities usually had a good whole-time service; in others the police acted as firemen on emergency; the small urban authorities and the rural district authorities usually relied on a volunteer or amateur service. There was no central control or co-ordination, except that the Home Office had a Fire Adviser, whose experience was of much value to those local authorities who chose to consult him.

The Fire Brigades Act, 1938, made it a compulsory duty of the council of every county borough and county district to make adequate arrangements for an efficient local fire service. The duty might be discharged either by providing a fire brigade, or by agreements with other local authorities or with other persons providing, for instance, a volunteer fire

brigade. Power to charge owners or occupiers of property for extinguishing fires was abolished.

A Fire Service Commission was set up to supervise the carrying out of the Act and to advise the Home Secretary. In the case of a defaulting local authority, the Home Secretary, after holding a local inquiry, may appoint a 'fire service board' under which adequate fire services are to be provided and maintained for the area.

This Act has never seen its full fruition. When war came, the danger of fire from incendiary bombs was too great for protective measures to be left with an inco-ordinate system of local controls. An Auxiliary Fire Service was set up under the control of the Ministry of Home Security, which, in 1941, took over all the powers and duties of local authorities for fire prevention, and established the National Fire Service. In this way the incendiary air-raids were combated with a high degree of success, for fire-engines and firemen were working everywhere with uniform standards of efficiency and the resources of an unbombed area could readily be switched over to aid those of a bombed area. The war has thus greatly augmented the country's resources for combating fires. Whether local authorities will resume their work and responsibilities for Fire Services remains uncertain at the time of writing. If they do, they will find their facilities for discharging these functions much enhanced.

Aerodromes

The Air Navigation Acts of 1920 and 1936 placed extensive powers for the development of flying in the hands of the Air Council. These included the

establishment of flying grounds or aerodromes. Subject to the consent of the Air Council, permissive powers to establish and maintain aerodromes were conferred on certain local authorities, for instance, the City of London Corporation, metropolitan borough councils and the councils of counties, county boroughs, and urban districts. Such authorities might, by agreement or compulsorily, purchase or hire land for aerodromes either within or without their area; they might also provide and maintain roads, approaches, buildings, other accommodation and apparatus and equipment for the aerodrome, etc.

Up to the outbreak of war, civil aviation had not greatly developed. A few local authorities had established aerodromes, but did not find them very remunerative, as they were a heavy charge on the rates. The progress in aviation made during the war, the discovery of jet-propulsion and the harnessing of atomic energy should revolutionize the manufacture of aircraft for the purposes of civil aviation, and are calculated to foster and encourage it. The whole subject of civil aviation and its administration and organization, is under consideration by the Government and a Ministry of Civil Aviation has been established. It remains to be seen what part local authorities will play in future developments.

Recreation Grounds

Open spaces in cities and towns are desirable not only for recreation purposes, but rank as a distinct contribution towards the health of the inhabitants. This was recognized in the Public Health Acts, which empowered an urban authority to purchase or lease lands, to lay them out as parks, public

walks, and pleasure grounds, and to make bye-laws for their regulation. Such powers may also be exercised by the council of any county or municipal or metropolitan borough or of any district, or by any parish council by order of the county council (Open Spaces Act, 1906). Further powers were conferred by the Public Health Acts Amendment Act, 1907, in regard to public parks or pleasure grounds. Portions of these lands may be assigned to games, and bandstands and music may be provided. Again, by the Physical Training and Recreation Act, 1937, local authorities may provide and maintain gymnasiums, playing fields, holiday camps or camping sites and 'community centres'. Grants in aid of capital expenditure may be given by the Ministry of Education.

Facilities for sport and recreation have always been taken advantage of by the British nation. The Middle Ages saw archers shooting at the butts or the popinjay, wrestling, leaping, and quarter-staff play. For centuries the village green has been the playground of youth, and King James the First's *Book of Sports* indicates his encouragement of healthful recreation among his subjects in addition to his well-known love of letters. In this land the old Greek spirit has been recaptured and the harmony between training of the mind and training of the body has been re-established. It is, as has been noted in Chapter II, implicit in the aims and objects of State education. It is to be seen in the improved level of general education and knowledge, in the playing fields and sports grounds of the local authorities, in the walking-parties and cyclists that throng the roads and lanes of the countryside, in

the great increase of swimming baths—both open and closed—in the love of amateur sport and in the increased interest taken in physical training and hygiene.

Much still remains to be done in the provision of these recreational facilities, and progress has been arrested during the war years. Members of local authorities who develop full recreational facilities for the inhabitants of their area are doing most useful work in promoting health as well as providing amenities. The boon is conferred on all ages, for the youngest infant benefits by fresh air and the oldest inhabitant enjoys a seat in the municipal park where he can watch the younger generation at play.

Libraries, Museums, and Art Galleries

These are non-remunerative services but are of educational value. They are adopted by a local authority under permissive Acts.

As regards libraries, the most important Acts were the Public Libraries Act, 1892, introduced by Sir John Lubbock, a banker, a scientist, and a great book-lover, and the Public Libraries Acts, 1919. Most towns of any size have adopted these Acts and established a municipal library. County councils have largely exercised the powers which the Act of 1919 gave them and provide books for public use in the villages and small towns. The system is linked up with the schools and the distribution is often made from primary school premises. The provision of libraries has been greatly aided by grants from the Carnegie Fund.

County reference libraries are provided for

students, but there is often much delay in obtaining a particular book. This, is due partly to the difficulty of finding an adequate staff of librarians to meet the demands of students, but, mainly, because the library organization is a purely local one. If the resources of all local authorities were pooled, learning and study would be much promoted, for local authorities could interchange books with one another to meet the requirements of readers in their own areas.

Museums have been provided and maintained for the reception of local antiquities and other objects of interest by urban authorities. Certain large county boroughs, of which Birmingham is a well-known example, have provided art galleries.

CHAPTER IV

PUBLIC UTILITY SERVICES

General Observations

For certain services, local authorities make a charge to the persons benefited. On some of them they make a profit and on others they make none. Some of these trading businesses are monopolies, such as tramways, gas and electricity supplies; others are equally open to private enterprise. Monopolies are usually profitable but some are not; undertakings which possess no monopoly are usually not profitable but, on the other hand, some are successful commercial enterprises. As in all businesses, the degree of success attained by a local authority in a public utility service depends on efficient management and organization.

Within the last half-century or so, municipal trading has made great progress, principally because local authorities have striven to prevent the private exploitation of public services. There are certain public utility services to which little objection would now be taken, for example, water supply, electricity, and gas. There are other services such as catering establishments, in which the issue is less clear.

If a service is in the interest of public health and convenience, if it is an essential service, such as lighting, which must be provided even though at a loss, which private enterprise cannot afford to do; if the service is improved and the price reduced, there are strong arguments in favour of a local authority undertaking such a service. A further

argument is that profits pass to improving the service or to reducing the rates, and not to a limited number of shareholders.

The arguments on the other side are the old ones of private enterprise against public undertakings. For instance, the efficiency of local authorities may be impaired by diversion into trading enterprises; there is a possibility of corruption in administration; private enterprise is run on better and more economical lines; competition is diminished, enterprise checked, individual interest stifled, and the interests of the public consequently suffer; it is also pointed out that an increased debt incurred through unremunerative trading experiments may be harmful to the borrowing powers of local authorities for the primary functions of local government, as they will then be charged a much higher rate of interest.

Opinions on these matters change and in the course of time the demands of the public assume new forms. Every proposal to replace private by public ownership should be examined by a local authority with the interests of the public it serves as the paramount consideration.

There are many varieties of public utility services, ranging from essential services, such as water supply and lighting, to race-courses (Doncaster and Chester), an oyster fishery (Colchester), and a rabbit warren (Torquay). A brief account will be given here of the more usual services conducted by local authorities for the benefit of the public.

Lighting and Heating

In Tudor times, after dark, street lighting was poor and was only provided by the innkeepers and

wealthier inhabitants, who were ordered to hang out lanterns. Afterwards it was made a duty of the parish vestry, then a duty of commissioners, usually the commissioners of paving, while the Lighting and Watching Act, 1833, which came in with the use of gas for street illumination, when adopted by a parish was under the control of a body of elected 'lighting and watching inspectors'. They could appoint watchmen, provide lamps and lamp-posts and light them with gas or oil. This Act is now only applicable to rural parishes. The Public Health Act, 1875, gave lighting powers to the urban district council and substituted the urban area for the parish. A county council may light or contribute towards the expenses of lighting county roads (Road Traffic Act, 1934) and the Minister of Transport may exercise similar powers in respect of trunk roads.

(1) *Gas.* As regards the supply of gas, a local authority may either contract with a gas company to light the streets, markets, and public buildings in its district and to provide necessary lamps and apparatus; or by a provisional order (more usually in the case of larger local authorities by a local Act) it may itself supply gas for public and private purposes when there was no other authority or person having statutory powers to supply gas in the district. Many authorities now supply their own gas; either they have done it as a new service and constructed their own gas-works, or they have purchased, by agreement, the undertaking of a gas company operating in their districts. But many other local authorities contract with a gas company for service.

When a local authority is responsible for both gas and electricity services, it is highly desirable that

the administration should be co-ordinated and that the two departments should not be—as is too often the case—in competition with one another.

(2) *Electricity.* Those who remember the slow and gradual process by which electricity replaced gas for lighting in towns—indeed, it was far from universal until the advent of the present century—may be surprised to hear that an Electric Lighting Act was passed as early as 1882. This Act enabled the Board of Trade by provisional order to authorize any local authority, company, or person, to supply electricity within any area, subject to confirmation of the order by Act of Parliament.

In those days the application of electrical power for manufacturing and industrial purposes was not foreseen. The Act only envisaged the use of electricity for lighting purposes, its generation by small plants and its distribution in small areas. This view, as W. E. Hart and W. O. Hart observe, has seriously checked the development of electricity in this country for many years.

There have been a number of committees considering the problem of electric supply, beginning with Lord Cross's committee in 1899, which recommended larger areas for distribution. In 1919 the Government, by the Electricity (Supply) Act of that year, established a body called the Electricity Commissioners to promote, regulate, and supervise the supply of electricity and transferred the electricity powers of the Board of Trade to the Ministry of Transport. It was hoped in this way to set up joint electricity authorities representative of local authorities and other electricity undertakers over large areas, but very few of these authorities came into being.

Lord Weir's committee surveyed the position afresh and recommended a single comprehensive scheme of co-ordination for the country. This the Electricity (Supply) Act, 1926, endeavours to effect. The Electricity Commissioners were asked to prepare a scheme for the co-ordination of generation, which was submitted to a newly constituted Board called the Central Electricity Board. The Board then was to carry out the co-ordination of generation for the whole country. By this means, under national supervision, large generating or 'selected stations' linked up with one another have been placed in appropriate positions all over the country; this network of transmission lines is known as the 'grid'. The process of electrical generation is thus national, but distribution remains local. The undertakers, whether local authorities or companies, sell to the Central Electricity Board all the electricity generated at the selected station. The Board then re-sells this electricity to the various distributing undertakers requiring it. Hence local authorities who are undertakers in their own areas continue to be the distributors of electricity and can exercise local control.

The intention of the whole system is that electricity shall be sold to the consumer at the cheapest possible rate throughout the country. It cannot be said that the cost of electrical power for domestic (cooking and heating) purposes has been appreciably lessened. It remains much higher in comparison with the cost of gas, and bitter complaints have been voiced by housewives in council houses, where electric cookers have been installed, at the high charges they have to pay in comparison with the previous cost of a gas cooker. This is a practical

question to be considered in connexion with electrical supply. The cost of domestic electric lighting is reasonable, but the cost of power strains the financial budget of the average householder.[1]

Transport

Local authorities have powers to run public service vehicles on any road within their district. These vehicles comprise tramways, light railways, trolley vehicles, and omnibuses. The powers are usually exercised by the councils of county boroughs, non-county boroughs, and urban districts.

Tramways, for some thirty to forty years, were a considerable source of profit to local authorities. With the invention of the internal combustion engine, they have been superseded by motor omnibuses to a large extent and many authorities have now done away with their tramway systems.

The Road Traffic Act, 1930, conferred general powers to acquire and run omnibuses upon any county borough council or county district council which is operating a tramway, light railway, trolley vehicle, or omnibus undertaking. The consent of the Traffic Commissioners for the area is also required.

Light railways are usually constructed in rural districts for the benefit of agriculture, fishing, and other industries. Central control is done by the Minister of Transport. The transport services of local authorities are good on the whole, their

[1] Since this account of the lighting and heating services of local authorities was written, H.M. Government have announced their intention of nationalizing gas and electricity.

frequency and efficiency being naturally best in the more populous urban centres.

Markets and Fairs

Markets have existed from time immemorial. As soon as collections of families constituted a tribe, meeting-places for bartering goods and the spoils of hunting must have sprung up among the original inhabitants of these islands. The Romans had their markets in the towns during their occupation of Britain, and when they were succeeded by the Anglo-Saxons, these too set up markets. Reference is made to markets in Domesday Book, and by the Norman Conquest they were well established as a permanent characteristic of borough life, and the chief centres of trade. About two-thirds of the boroughs in England and Wales control their own markets. A market is profitable to a town, but some markets, for example, certain ones in London, are still in the hands of private owners who, as the lords of the manor, bishops or abbots did before them, exercise the rights of market franchise. This franchise is a right of monopoly to hold a market within a defined area. The owner making such provision is entitled by a subsidiary franchise to collect from the market traders payments known as tolls, rents, and stallages. All the early English markets were established by royal charter, and there was a general rule that there should be a distance of seven miles between one market and the next. Later, markets usually derived their authority from Acts of Parliament, and gradually markets have tended to pass under the control of local authorities instead of lords of the manor, market companies, and private owners.

The provision of a market may now be made by a borough or urban district council under the Food and Drugs Act, 1938, and, with the consent of the Ministry of Health, a rural district council may also make such provision. The local authority may buy or lease land, buildings, and private market rights for this purpose and take stallage, rents, and tolls from traders using the market. It can also make bye-laws for the market's proper regulation, etc. A market is not only remunerative to a local authority from the point of annual revenue, but it benefits the town generally by bringing a large amount of custom into it. It also benefits the surrounding rural district for the country dwellers come in to market their produce as they have done for centuries.

Fairs are of great antiquity and are often associated with saints' days and religious feasts like 'the Vcast' in the Vale of White Horse, so well described in *Tom Brown's Schooldays*. A fair is usually held once a year for a number of consecutive days, and formerly merchants travelled long distances to sell their goods there, as they do to-day in Russia to the great fair of Nijni-Novgorod. The franchise of a fair is similar to that of a market but is distinct and separate. Fairs are also associated with revel and merry-making, the expression 'all the fun of the fair' is proverbial. Formerly they often served as the only annual meeting-place for trade or pleasure and for family reunions. Yet in spite of their popularity and long traditions, fairs have been often frowned upon by civil and ecclesiastical authority. Edward I had to forbid them being kept in churchyards 'for the honour of the Church'; Ben

Jonson satirized them in *Bartholomew Fair;* Bunyan draws a picture of Vanity Fair in the *Pilgrim's Progress* from the puritan standpoint; and Charles Kingsley speaks unfavourably of them in *Yeast.* The noise, din, and crowds of a fair are disliked by residents as well as the litter and refuse they leave behind them, which has to be cleared up. The Fairs Act, 1871, empowers the Home Secretary, upon representations made by the council of a borough or district, and with the previous consent of the owner of the fair, to order that the fair be abolished. Some unnecessary fairs have been thus abolished, but many survive. The old evils of vice and drunkenness no longer cling to them. While their commercial value to-day is small, they provide much harmless amusement for the younger members of the community; they are part of the old England and, in view of their traditions, for a few days in the year many are prepared to put up with the steam-whistle and merry-go-rounds.

Allotments and Small Holdings

An allotment may not exceed an area of five acres. Allotments may be provided by the council of any borough, urban district, or parish.

A small holding is one which either exceeds one acre but does not exceed fifty acres in extent, or where it exceeds the latter area, is not assessed for income tax beyond £50. Small holdings are obtained and locally controlled by the county council.

Allotments flourished during the recent war and increased the vegetable food supply. They are not a remunerative public service to local authorities, but they fulfil a useful purpose.

Cemeteries, Burial Grounds, and Crematoria

Local authorities are concerned with the disposal of the dead as well as of the living. Owing to the increase of population, the Church of England and other religious bodies have ceased to provide burial in urban churchyards and burial has become a function of the local authority. The Public Health (Interments) Act, 1879, enables urban and rural sanitary authorities to provide and maintain cemeteries, and the Minister of Health may compel these authorities to provide a cemetery where one is needed.

Burial grounds are provided under a series of Burial Acts. The burial authority may be the parish or the district or borough council depending upon the area served. If a burial ground is to serve the areas controlled by more than one council, these councils form a joint burial board. The chief distinction between a burial ground and a cemetery is that a portion of the former must be consecrated by the bishop of the diocese; the latter need not be consecrated. A rural district council can only provide a cemetery.

The Cremation Act, 1902, provides that the powers of a burial authority to provide and maintain burial grounds or cemeteries can be interpreted as to extend and include the provision and maintenance of crematoria. Liverpool and Hull each own a municipal crematorium, but up to the present the Act has not been widely used by local authorities.

The general principle governing the administration of burial grounds and cemeteries is that these services should not be run at a loss and so become a charge

on public funds. Equally, they should not be run at a high profit, and the surplus revenue should not be applied to the reduction of the general rate.

Parking Places

Under the Road Traffic Act, 1930, the council of every borough, urban district, and rural district has power to provide parking-places for vehicles, and may make reasonable charges for this facility, except in streets. The Restriction of Ribbon Development Act, 1935, further enlarged these powers and enabled local authorities to provide parking-places for vehicles in buildings and underground and also allowed them to let parking-places.

In spite of the increasing volume of motor traffic and the consequent congestion in towns, local authorities have hitherto made comparatively little use of these powers. The subject of this provision is bound up with proper town planning and traffic control (see Part III, Chapter I) and under modern conditions calls for the immediate consideration of local authorities in this connexion.

PART IV. THE FUTURE OF LOCAL GOVERNMENT

CHAPTER I

ADJUSTMENT OF LOCAL GOVERNMENT AREAS

IN the account of local government which has been given, the reader will have noted a steady trend in the policy of the central government to place increasing control of local government services in the hands of the major local authorities, the county councils and the county borough councils. Prior to 1888, when these major authorities were established by the Local Government Act of that year, local government was administered by a number of small authorities, the boroughs and the urban and rural sanitary authorities.

The county borough councils were soon busily employed, for they absorbed all the functions of an urban district council. At first the county councils had little to do, for the urban and rural district councils in their area continued with their work as heretofore. Then in 1902 (1903 for London), the school boards were abolished and their functions transferred to county councils, county borough councils, and certain borough councils and urban district councils, which thus became local education authorities. Next came the health and social services, tuberculosis, maternity and child welfare, and venereal diseases. These were assigned to

county councils and county borough councils, except in a minority of instances as regards maternity and child welfare. Lastly, the Local Government Act of 1929 placed the poor law and public assistance under county councils and county borough councils, and gave county councils increased powers of supervision and control over the work of district councils. The advantages of placing these services under the major local authorities are obvious. These services, many of which embody the practical application of modern discoveries in medicine, hygiene, and engineering, are expensive and could not reasonably be done, as a rule, by the smaller authorities with a much lower revenue from rates in comparison with the rating resources of counties and county boroughs. The work is done on a co-ordinated basis for the whole area served.

This process of exaltation of the major local authorities was to some extent revolutionary, but it was performed in the gradual way and with the tactful consideration which characterize revolutions in this country. The smaller authorities might have their local autonomy diminished to a slight extent but they were not displaced. The county councils took them into partnership, so to speak, and in many instances delegated their newly acquired powers to them for local administration. It was a process of peaceful evolution rather than of revolution. At the same time, the central government, armed with the power of financial subsidies, was exercising, as has been shown, much greater control over the policy and work of local authorities and was sedulously endeavouring to make them all attain a general standard of efficiency in the public interest

(see Part I, Chapter V). In this they were not altogether successful. Some of the major authorities were more backward than others. In such cases the departments did not crack the big whip or withdraw grants. By local inspections, by conferences and by persuasion, they endeavoured to improve the condition of affairs, and these laborious efforts were often rewarded by improvement in the local authority's services. It was also realized that there were great differences in the area and resources of different local authorities, and that some of these authorities found it difficult, if not impossible, to fulfil all the duties imposed upon them in a comprehensive and efficient way. Many counties are so situated topographically that part of their needs in public health could be better served by institutions in an adjoining county area. Adjoining local authorities may also have separate centres or institutions, one of which might have served the needs of both. There is thus redundancy as well as limitation of resources.

Regionalization

For a considerable time these recognized defects in modern local government have exercised the minds of administrators. One of the chief remedies proposed has been the combination of local authorities into regional areas. In some of its aspects, this plan is inherent in the various measures which have been taken in recent years for securing larger units of administration for various purposes, and it has been adopted or proposed for various other objects.

In the first decade of the present century a scheme was mooted to place large areas of the country under

the control of a representative of the central government. If this scheme had come to fruition, it looked as if the heptarchy might be revived, but it was eventually considered that such a system did not consort with the genius of the English people.

Before the last war various attempts were made to spread administration over larger areas. A successful confederation of the pottery towns was achieved; on the other hand, an attempt to deal with the difficult situation in Tyneside by a wider scheme of local government failed. In 1919, in order to facilitate the execution of the Government housing scheme, the country was divided into some nine or ten regions, and regional offices with large technical and administrative staffs, were established at an appropriate centre in each region. Applications for approval of housing schemes were to be made to the regional officers who were given wide powers of approval. The scheme was unpopular with the local authorities; it was expensive and, in practice, various concessions had to be made giving the larger authorities direct access to the Ministry of Health. With the withdrawal of the first housing scheme, the regional organization collapsed and has not been revived.

The scheme of general devolution which was adopted in 1939 as a war-time necessity was another example of regionalization. This was accepted as an insurance for continuity of administration in the event of central government control being temporarily knocked out or rendered difficult by enemy action. It came to an end with the close of the war, and the regional division, in any case, was not

designed to meet the adequate needs of local government in normal times.

Direct administration by the State of all local government services might have the merits of simplicity and increased efficiency on paper. For reasons already given and having regard to the experience just cited, such a revolutionary change involving the resumption of powers by central authority, which have for many years been given by Parliament to local authorities, must be regarded as impracticable.

The position then appears to be that local authorities desire to retain their present boundaries and powers as heretofore and are reluctant to amalgamate into regions. It will be impossible, however, for the present organization of British local government to remain static. The war of 1939–45, like other wars, has brought about new ways of looking at old problems and profound changes in customs, thought, and sociology, while the rapid progress of science and medicine under the stimulus of warfare has revealed a new and awe-inspiring future to mankind. We can say with Carlyle:

> 'Doubtless this age is also advancing. Its very unrest, its ceaseless activity, its discontent, contains matter of promise. Knowledge, education, are opening the eyes of the humblest; are increasing the number of thinking minds without limit. This is as it should be; for not in turning back, not in resisting, but only in resolutely struggling forward, does our life consist.'

The period of reconstruction after the war inevitably calls for a closer co-operation between

central and local government in national administration, and includes a reform of local administration. During the war this subject engaged the close attention of the Minister of Health and the Local Government Associations, and in January 1945 the Minister presented to Parliament a White Paper (Cmd. 6579) entitled: 'Local Government in England and Wales during the Period of Reconstruction.' A White Paper is a *ballon d'essai* in modern administration. It provides Parliament and the public with the data and arguments for a future measure of legislation, and is prepared after consultation between Government experts and representatives of the authorities concerned. It outlines a scheme of administration upon which legislative action can reasonably be based and enables further criticisms and modifications to be considered before the actual bill is drafted for submission to Parliament.

Mindful, therefore, that the White Paper on Local Government outlines a scheme which may be subject to considerable modification before it becomes law, an examination of the proposals will indicate the form which future local administration is likely to assume.

Local Government during the Period of Reconstruction

The preamble to the White Paper makes it clear that there is no general desire on the part of the local authorities or other authorities 'to disrupt the existing structure of local government or to abandon in favour of some form of regional government the main features of the county and county borough system; and the Government do not consider that any case has been made out for so drastic a change'.

Local authorities will have a full and onerous programme of work in the period of reconstruction. For instance, new and extended housing, educational, health and other services are to be established. Certain of these services, such as town and country planning and hospital services, need to be planned and in some cases administered over a wider area than a county or county borough. The alternatives include nationalization, regionalization, and the creation of joint authorities for planning or for executive purposes.

As regards nationalization, the Government do not exclude altogether the possibility of transferring certain functions of local government to itself. Some extension of the system of trunk roads, for example, and certain of the residual functions of public assistance as foreshadowed in the White Paper on Social Insurance. They are, however, opposed to any general policy of centralizing local services and against the creation of directly elected regional authorities.

Joint Authorities

'The Government consider, therefore, that where co-ordination of services between two or more areas, whether counties or county boroughs, is necessary, it should be done by the established proceedure of Joint Boards or Joint Committees.' (See pp. 27–8.) They admit that objections exist to this procedure. Joint Boards, for instance, are not directly elected, and depend for their finance on precepting, which has been said to weaken financial responsibility. Joint Committees constituted solely for the planning of services are without executive

authority. There is a risk of creating a multiplicity of *ad hoc* authorities covering a variety of areas and services. The Government consider these difficulties can be surmounted and indicate that this established procedure does not exclude ultimate integration of the joint bodies in any area into a single compendious unit, if experience makes this desirable.

Finance

Increased money will have to be found partly from the ratepayers and partly from the taxpayers for the Government's reconstruction programme. The tentative estimates given for two of the services—education and health—indicate the possible magnitude. The pre-war expenditure of local authorities on education was £93·8 million; the post-war expenditure is estimated at £129 million rising to £203 million. The pre-war expenditure of local authorities on the health services was about £41 million; the post-war expenditure is estimated at £92 million at the outset. The Exchequer grant for education is to rise from £45·5 million to £71 million, the direct health grants are to rise from about a half-million to about £44 million.

Whether a country impoverished by six years of war and heavy taxation can shoulder this huge financial burden depends largely upon national industry and the resumption of a profitable export trade. Over and above this, certain local authorities have had their financial resources so heavily depleted during the war (as a result of enemy action, large-scale evacuation or other war circumstances) as to involve serious embarrassment. The Government believe that adjustment of the distribution of

Exchequer grants offers the best prospect of meeting the difficulties of particular areas. The financial relations between the Exchequer and the local authorities are to be reviewed, and this will be done with a definite bias in favour of the poorer authorities.

Adjustment of Local Government Areas

In Part I, Chapter II, an account is given of the procedure for establishing a county borough and reference is made to the problem of county versus county borough. The need for adjusting local government areas from time to time is inevitable, for with growth in population and importance of a town the existing frontiers must be changed. The Local Government Act, 1929, required every county council to initiate a review of its county at ten-yearly intervals, if desirable, and to submit to the Minister of Health its proposals for alterations of status and boundaries of county districts and parishes. The general effect of these reviews was to reduce the number of urban districts from 827 to 572 and of rural districts from 779 to 476.

During the war there was a suspension of alterations in local government areas, but many proposals are likely to come forward, especially for establishing county boroughs at the expense of counties. This procedure will conflict with the second county reviews, the time for which is now ripe.

To avoid this situation and to correlate adjustments of local government areas with the new services on the administrative lines already discussed, the White Paper proposes the following scheme. All proposals for adjustment—whether of the boundaries

of counties and county boroughs or of county districts—will be examined by a single new body, a Local Government Boundary Commission, with powers embracing those of the county council and Minister of Health relating to county reviews under the Local Government Act, 1933. The creation and extension of county boroughs, and, in proper cases, the reduction of the status of a small county borough and the union of contiguous county boroughs and of some of the smaller administrative counties would come within the scope of this commission. The commission's functions would be executive and not advisory. It would be a small body of not more than five members and its staff would include assistant commissioners whose duties would be to hold local inquiries, etc.

This proposal is admittedly a departure, for the commissioners would not be directly responsible to Parliament. The safeguards suggested to maintain the constitutional position are (*a*) a power for the Minister of Health to give the commissioners 'general directions' as to the exercise of their powers, and (*b*) a provision under which the more important decisions taken by the commissioners will be submitted to the Minister of Health in the form of draft orders and will be subject to Parliamentary review.

Local government in London stands apart. It is to be excluded from the proposed Boundary Commission and the White Paper contemplates the appointment of an 'authoritative body' to inquire into and advise the Government on the local government problems of the County of London. Presumably, such a body would survey the following main issues:

(1) whether the boundaries of the county should be extended;

(2) whether, within the county, the areas of the boroughs and the allocation of functions between the metropolitan borough councils and the county are satisfactory.

Finally, the White Paper emphasizes the experimental nature of these outlined proposals. They are designed, in the first instance, to meet the immediate needs of the post-war situation. Whether they are to be permanent in the constitution of English local government, or whether the working of the new services will disclose the need for a more radical alteration of the structure of local government, remains to be seen.

(*Note.* Since this chapter was written, matters have advanced a step farther with the passing of the Local Government (Boundary Commission) Act, 1945, which established a Boundary Commission for reviewing boundaries, including county borough boundaries. The commission has been set up with Sir Malcolm Eve as chairman, and regulations have been made prescribing the general principles by which the commission are to be guided in the exercise of their functions.

A. S. M.)

CHAPTER II

THE PROPOSED NATIONAL HEALTH SERVICE

IN Part III, Chapter II, of this book, a brief account has been given of the way in which local authorities are to combine to form local education authorities in order to administer the new scheme of education. Here it is proposed similarly to describe the relationship of local authorities to the National Health Service.

It was remarked in the course of the war that the nuclei of a comprehensive medical service are already present in the Insurance Medical Service, the Public Assistance Medical Service, the Health Services and hospitals of the local authorities, the specialist provision made by municipal and voluntary agencies, and the planning of the Emergency Medical Service. The task is to combine the provision into one harmonious whole.[1] Good as the results have been the present machinery of public health and medical organization is unwieldy and cumbersome. There is much overlapping of effort. A number of small local authorities have inadequate resources for the full performance of their public health duties; central and local government are at present too complicated and it is also true that various health services were not planned comprehensively but were established independently to serve some special need;

[1] See A. S. MacNalty, *The Reform of the Public Health Services*. Report to Nuffield College. Oxford University Press, 1943, price 2s. 6d. net.

while various health reforms are necessarily permissive in character.

The provisions of the National Health Service Act, 1946, can be summarized as follows:

1. *Scope of the New Service*

The Act provides for the establishment of a comprehensive health service in England and Wales. A further Bill to provide for Scotland will be introduced.

2. *Availability of the Service*

All the Service or any part of it is to be available to everyone in England and Wales, irrespective of financial means, age, sex, employment or vocation, area of residence, or insurance qualification. The Service is to be available from a date to be declared by Order in Council under the Act; it is hoped that this will be at the beginning of the year 1948. All medical and most ancillary facilities for mental or physical illness are to be financed by pre-payment through rates, taxes, and compulsory insurance contributions.

3. *General Organization*

The Minister of Health is to promote a comprehensive health service for the improvement of the physical and mental health of the people of England and Wales, and for the prevention, diagnosis, and treatment of illness. The Minister is to have the present administrative functions of the Board of Control in regard to mental health (the Board retaining only its quasi-judicial functions connected with the liberty of the subject).

The Minister will discharge his general responsibilities through three main channels:

(*a*) For parts of the service to be organized on a new national or regional basis, namely, hospital and specialist services, blood transfusion and bacteriological laboratories, the Minister assumes direct responsibility; but he is to entrust the actual administration of the hospital and specialist services to new regional and local bodies established under the Act.

(*b*) For parts of the service to be organized as a function of local government, namely, the provision of new Health Centre premises and local domiciliary and clinic services, direct responsibility is assigned to the major local authorities, the county and county borough councils. Their general arrangements for these local services are to be made subject to the Minister's approval.

(*c*) For the General Medical Services new machinery is created in the form of local Executive Councils, normally one such council for each of the major local authorities' areas; their work will be subject to national regulations made by the Minister.

The Minister will be advised on professional and technical subjects by a Central Health Service Council. This will include people chosen from all the main fields of experience within the service—with various standing committees of experts on particular subjects, medical, dental, nursing and others.

Each of these branches of the new organization will now be described in more detail.

4. *Local Health Services*

The County Councils and County Borough Councils administering are to be known as Local Health Authorities. They will receive a 50 per cent grant from the Treasury. These Local Health Authorities are 145 in number. They will not now be permitted to delegate their powers to district councils in respect of local health services; but county councils are required to delegate the management of health services for children below school age wherever under the Education Act the school medical service is to be delegated to the new minor education authorities known as 'divisional executives'. (See p. 164.)

The duties of the Local Health Authorities will include the provision of domiciliary midwifery and Maternity and Child Welfare Services (including dental provision), 'a full health service for all in their area who are sick or expectant mothers, or those with the care of young children', health visiting, home nursing, immunization, vaccination (no longer compulsory), ambulances and other services as well as premises, which will be called 'Health Centres', both for the use of general practitioners and dentists, and for appropriate local government services. Their permissive powers are to include extended provision for home help services and a variety of non-medical arrangements for preventing illness, and the care and after-care of the sick, such as provision of special foods, bedding, comforts, and convalescent facilities—for all of which charges will be made.

Local health authorities will be required to appoint

statutory health committees and to refer to them all matters relating to the discharge of their functions under the Act. The health committees may be authorized to exercise functions on behalf of their parent authorities; and there is discretion to appoint by co-option expert members, who are not members of the authority itself.

5. *General Practitioner Services*

Such services include general practitioner, dental and pharmaceutical facilities and, temporarily, ophthalmic services. These general medical services will be financed and operated under the Minister's regulations broadly as under the National Health Insurance scheme in the past. The Minister's agents for the management of this service, and the effective 'employers' of general practitioners will be specially constituted Executive Councils for the area of each county and each county borough. The chairman and four members of each council will be appointed by the Minister, while the local authority will appoint eight members; the remaining twelve will be appointed by the local practitioners, dentists, and pharmacists. Practitioners will be paid, as now, a capitation fee for each 'public' patient on their lists. They will also receive a small basic salary, which, apparently, will be varied, both geographically in order to attract doctors into 'under-doctored' areas, and personally in order to reward special ability or experience. There will be a maximum permitted number of 'public' patients for each doctor (as now), and also a minimum.

A main feature of the personal practitioner services is to be the development of Health Centres. The

object is that the Health Centre System, based on premises technically equipped, staffed, and maintained by the local health authorities at public cost, shall afford facilities for the general medical and dental services, for many of the special clinic services of the local authorities, and sometimes also for outpost clinics of the hospital and specialist services. They will also serve as bases for various activities in health education.

The doctors' responsibilities to their patients on their personal lists, for example, in visiting their patients' homes and in general responsibility for their patients at all times are not affected by whether a doctor practises from a Health Centre or from his own surgery.

People will be free to choose their own doctor subject to the doctor's consenting and being in a position to undertake their care. Private practice will be allowed in the case of such persons as still wish to be treated outside the Service. Practitioners participating in the Service will lose their right to sell their practices. For this fair compensation is offered, and alternative provision is made for the filling of vacancies in the public service.

6. *Hospital and Specialist Service*

The most sweeping modification introduced by the Bill is in the Hospitals plan. At present hospitals and specialist services are provided by some 600 local authorities or combinations of local authorities and some thousand voluntary agencies. These are replaced under the Act by sixteen or twenty regional hospital authorities for England and Wales. All hospitals (municipal and voluntary) will be owned

by the Minister of Health, who will delegate their management and the provision of specialist services generally to regional boards appointed by himself. The members of each board will be chosen for their individual suitability, but after consultation with the appropriate university and local authorities, and with organizations representative of doctors and other interests; initially, they will include members drawn from the governing bodies of the present voluntary hospitals. The day-to-day management of large individual hospitals or groups of associated hospitals is to be delegated by the boards to management committees similarly constituted. The interests consulted will include the local general practitioners and the senior medical and dental staffs of the hospitals. Medical and dental schools will not be transferred to the Minister; and any hospital designated as a teaching hospital will be excluded from control by the regional board. A teaching hospital will have its own governors appointed by the Minister; three-fifths of whom will be drawn from nominees of the University, the teaching staff, and the regional board. It will keep its endowments and the right to receive further gifts, and it will join with the regional board and the Minister in the general hospital planning of the region.

Consultant services will be made available to all at the hospitals, health centres, or clinics, or in the home, as required. With the Minister and in collaboration with the teaching hospitals, each board will plan, and execute the plan for a co-ordinated hospital and specialist service for each region.

The Hospital and Consultants Services Scheme has been the most controversial portion of the Act. For

the local authorities have lost to some extent control of their own hospitals in which a number of them took great interest, and the voluntary hospitals have lost their independence and funds.

On the other hand it is a well-known fact that the London voluntary hospitals could not have carried on for the past fifteen years or so if they had not received many thousands of pounds annually from the London County Council for services rendered. This money came from the ratepayers, and the same statement is true to a large extent of many of the provincial voluntary hospitals, who received large annual sums for services rendered from county councils and county borough councils.

Pride and interest in the local hospital has been a great factor for success of the hospital's work. It is to be hoped that this pride and interest may survive in the work of the Management Committee who will do the day-to-day administrative work. The Regional Board will chiefly act as a general planner of the region's hospital work and as a medium of communication with the ultimate Court of Appeal, the Minister of Health, advised on professional and technical aspects by the Central Health Services Council.

Finance

The new service is to be financed mainly from the Exchequer, assisted by a payment of some £32,000,000 transferred from the National Insurance Fund, and partly from local rates with the help of exchequer grant.

The Exchequer will bear the cost of the hospital, specialist and other centrally organized services, the

cost of the family practitioner services, half the cost of the local authority services, together with the cost of local administration. The rates will bear half of the cost of the local authority services previously described.

Some Observations on the National Health Service

The provisions for a National Health Service are, it will be seen, of far-reaching effect, but the time is fully ripe and indeed overdue for them. As far back as 1920 a proposal for the integration of medical services was propounded in an Interim Report of the Consultative Council for Allied and Medical Services. This council was appointed by the Minister of Health, and Lord Dawson of Penn was its chairman. The proposal contemplated, in the districts of small population, primary health centres, mainly under the control of general practitioners; secondly, centres served by consultants in the more populous places and a link with the nearest teaching hospital centre.

This plan is the parent of all regional schemes of health services. It represented an honest and able attempt to reconcile conflicting medical interests for the benefit of the public. It is regrettable that medical and public opinion were not at the time sufficiently enlightened to give adequate consideration to this report. The proposal might have been worked out on an experimental basis in one or two areas. Something of the kind was indeed attempted in Gloucestershire, but through lack of central encouragement it achieved only partial success. The Medical Planning Commission of the British Medical Association devised a scheme on similar lines (*British*

Medical Journal, 20 June 1942, pp. 743–53). The Government's proposals in the Health Act are more comprehensive. They demand sacrifices (*a*) from the local authorities, who give up certain of their services and powers to joint bodies, and (*b*) from the medical profession, who will become salaried servants of the State.

The need for such a service is clearly apparent. There is not only the public interest which demands that the best facilities for the prevention and treatment of disease shall be available without fee for all who wish to use it; there is the need for co-ordinating and integrating the health services which are under the control of the local authorities; there is an equal need to associate the activities of the teaching and voluntary hospitals with the health services of local authorities and with general practitioners; there is the need to provide conditions of security and livelihood for thousands of doctors who will shortly return from war service; and there is need for the immediate general planning of a system in which not only medical specialists and general practitioners, but nurses, midwives, dentists, pharmacists and many others will have indispensable duties to perform.

The purpose of the National Health Service is to prolong man's days by reducing premature and avoidable mortality, to remove the causes of disease and physical incapacity and their results, and to enhance the mental and physical capacity of the nation. It is a portentous task and great forces drawn from many professions and callings have been enlisted in the campaign. Increased sums of money are to be annually expended by the State and by

local authorities in the furtherance of this great object.

The contemplated National Health Service will only achieve success if it receives public support. The run of a piece in the theatre is short if it is played to empty houses; health services without a clientele willing and ready to make use of them would be disastrous.

The co-operation of the medical practitioner in the National Health Service is all-important, for he is the foundation of a medical service, 'its pivot, its anchor, its instrument'.

'Everybody knows the Doctor,' wrote Dr. John Brown, 'a very important person he is to us all. What could we do without him? He brings us into the world and tries to keep us as long in it as he can, and as long as our bodies can hold together; and he is with us at that strange and last hour which will come to us all, when we must leave this world and go into the next.'[1]

A wide knowledge of the health services needs also to be conveyed to the population generally, to the well to keep them fit, to the ailing in order that they may consult their doctors and take advantage of the services.

The rapid expansion of the national health services within a lifetime, which has now culminated in comprehensive proposals for a National Health Service, is evidence of progress. Moreover, the fact that decade by decade before the war a steady improvement was found in the nation's vital statistics shows at least that these services were not

[1] Sermon I. 'The Doctor—our Duties to Him', *Horae Subsecivae*. First Series, A. & C. Black, London, 1900.

ineffective. But not only must the people be reached, they must be encouraged to co-operate in the National Health Service and inspired to make good use of what has been provided for them.

The plan in the National Health Service Act is an attempt to reconcile many divergent views on the subject of public health and medical reform. It implies that all will work together for the common good, and that maintenance of health and prevention of disease for the benefit of the public will be the chief consideration. To this end all are asked to collaborate both centrally and throughout the country. Local authorities are asked to combine their efforts in a regional organization, the medical profession are asked to co-operate much more fully, and voluntary and municipal hospitals must pool their resources in regional areas for the common weal. In this spirit each will renounce some of their privileges for the good of the community, but will retain their individualities in a common framework. The framework is a flexible one and should be capable of extension and development in many directions.

CHAPTER III
CONCLUSION

IN this book an account has been given of the development and organization of local government, of the relationship of the central government to local authorities, of local legislation and finance and of the various and numerous services, including the important subject of public health, for which local authorities are responsible. The importance of an understanding of the wide range and principles of local government to the individual citizen can hardly be over-estimated; local government affects every man, woman, and child in this country from the cradle to the grave, and we live and have our being under its fostering care. In structure the system of local government provides the nearest approach we have attained to Abraham Lincoln's definition of democracy—government of the people, by the people, for the people. Yet many inhabitants of Great Britain know nothing of this heritage or are careless of their responsibilities towards it. Even at times of local government elections, the number voting rarely exceeds 50 per cent and is normally between 25 and 35 per cent.

At the present time great and far-reaching changes are impending for local government, the extent and implications of which have been discussed, so far as it is possible to foreshadow them, in the concluding section of this book.

The main purpose of these projected reforms, which in the years to come will be introduced in

each sphere of administration, is the provision of executive instruments more powerful and certain than those of the past, and better adapted to their respective aims. To achieve this end, local government is likely to undergo important changes in staff, area, distribution of work and function. These radical and necessary changes, of which an outline has been given in these pages, are designed to secure administrative improvement. This is the immediate goal, but something still further is required if the balance of the British constitution is to be maintained, namely, a corresponding reinforcement of the central and local machinery of democratic control. The people must take a more vital and active part in local government and cease to be indifferent to their own representative institutions.

Local government can only be fully effective when it represents a partnership between the citizen, the elected representative, and the local government officer, each working for the good of the community as a whole. How is this interest in local government to be quickened and stimulated?

One of the ways is expressed in a report on Relations between Local Government and the Community which was prepared in 1945 by an independent committee appointed by the National Association of Local Government Officers. The report suggests that the adoption, locally and nationally, of a comprehensive public relations policy would have a profound and far-reaching effect on the attitude of the citizen towards his local government, and would do much to replace the prevailing apathy. The Press, the report states, is to-day, and is likely long to remain, the most important means of

contact between the local authority and the community it serves. Measures designed to improve relations between local authorities might include: the co-option of newspaper representatives to public relations committees of the local authority; recognition by all local authorities that it is a principle of democratic government that public business should be debated in public and fully reported, save only in circumstances when open debate would be contrary to the public interest; provision of all reasonable facilities to newspapers to report and comment on the proceedings of local authorities; the institution by local authorities of a regular Press conference, and extension and improvement of all other means of contact between the local authority and the Press.

A second and more important approach towards the maintenance of local democracy is the one which was advocated by a special correspondent in a series of articles which appeared in *The Times* in October 1944.

In September 1941 the Nuffield College Social Reconstruction Survey set up a Local Government sub-committee to consider problems of local government reorganization after the war. For this purpose the sub-committee has made a number of inquiries into various aspects of local government, has arranged conferences upon the subject which have been attended by civil servants, representatives and officials of local authorities, and leading experts, who have made valuable contributions to the discussions and has already published several informative reports. In this way the sub-committee has promoted a close association between central and

local authority in the important work that lies before them.

The correspondent of *The Times* suggested a permanent application of this association in the framework of local government. He was of opinion that the problems of the field, which is intermediate between central and local and is becoming indispensable in the administration of national affairs in modern conditions, should now be envisaged distinctly and as a whole. The problems of local government are problems of local democracy, and those of devolved central government are problems of scheme-making and planning. There is need, therefore, for a system of 'intermediate government'. This should be a compromise system of scheme-making bodies owning an indirect local responsibility through a membership composed of representatives of the local authorities in the area, and at the same time possessing a more intimate and continuous connexion with the central departments, into whose national plans their schemes must fit. The size of the areas of intermediate government will depend upon the requirements of the technical planning that is to be done.

As has been already shown in the preceding chapters of this section, the solutions now being attempted are on the lines of the joint or federal authority as, for example, in educational and public health reform. Acceptance of the joint authority is the first step towards organizing the field of intermediate government. The second step is to make the authority master of all the functions which are to be exercised in its area, with the exception of any function which clearly needs separate and peculiar treatment. This

is a difficult matter. We have seen that in the past a number of bodies has been created independently and piecemeal for certain services of local government and the disadvantages of such creation without integration have been pointed out. The correspondent justly observes that a plurality of bodies destroys responsible control. 'Responsibility is null where nobody knows who is responsible.' Any subsequent co-ordination of services is merely fortuitous.

In the contemplated wide-ranging projects of reconstruction which have been incorporated in the national policy, the co-ordination of local government services is a fundamental necessity. The allied functions of housing, industrial location, the planning of roads, population densities, open space and amenity, the provision of schools and the national health service ought not to be administered by separate joint authorities in areas of distinct, though overlapping, boundaries, each joint authority pursuing its own aims regardless of the cognate interests of the others, with the whole superimposed on the existing structure of local government. In the words of *The Times* correspondent: 'We cannot hope to undertake these new and complex public operations successfully, unless the administrative apparatus is not a haphazard amalgamation of boards and committees thrown up by the sporadic and unrelated incursions of central departments into the regional field, but a well-articulated single system of intermediate authorities firmly welded to the local government structure.' Furthermore, intermediate authorities will include among their members persons of sufficient political capacity,

leisure, and enthusiasm for the exacting business of managing local and provincial affairs. The number of such persons interested in local politics is limited, and if the new administrative authorities are too numerous, there will be difficulty in manning them. An intermediate authority with a larger area of membership to draw from will solve this difficulty. Lastly, a system of intermediate government will make for democratic control, responsible government, and strong and efficient administration.

Such are the projects for the reform of local government and here has been given an outline of the problems which have to be solved and the views, both governmental and individual, which have been expressed concerning them.

Through deadly peril and adversity, Britain has preserved her national independence, but the war has left an aftermath of troubles—domestic and international. The new local government should help to bring health, prosperity, and contentment to the people of this land. The words of Carlyle, written nearly a hundred years ago, are equally appropriate to-day in this connexion:

> 'Poor England must herself again, in these new strange times, the old methods being quite worn out, "learn how to live". That now is the terrible problem for England, as for all the Nations: and she alone of all, not *yet* sunk into open Anarchy, but left with time for repentance and amendment; she wealthiest of all in material resource, in spiritual energy, in ancient loyalty to law, and in the qualities that yield such loyalty—she perhaps alone of all may be able with huge travail, and

the strain of all her faculties, to accomplish some solution. She will have to try it, she has now to try it; she must accomplish it, or perish from her place in the world.' (Latter-Day Pamphlets. No. I. 'The Present Time'.)

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